

**Office of Accounting  
City of Sugar Land  
Unclaimed Property Claim Form  
For Business Owner**



**Mail completed form to:  
City of Sugar Land  
Office of Accounting  
Attention: Unclaimed Property  
P.O. Box 110  
Sugar Land, Texas 77487**

Page 1 of 2

Claimant is required to provide the city with sufficient documentation to establish their right to receive unclaimed property.

**As the claimant for a business, attach documents supporting your position with the company/business giving you the authority to make a claim.**

Claimant Information	
Business Name: _____	TPIN: _____
Name: _____ (last) (first) (middle)	DEPT: _____
Address: _____	Daytime Telephone: _____ To contact you or mail check
City _____	State _____ Zip Code _____

**BUSINESS STATUS**

**Check below to indicate the current status of the business and attach the requested documents indicating your authority to act:**

\_\_\_\_\_ A CORPORATION OR LIMITED LIABILITY COMPANY: Attach a copy of last public information report (PIR) filed with your franchise tax report.

\_\_\_\_\_ A PROFESSIONAL ASSOCIATION OR NON-PROFIT CORPORATION: Attach a copy of last Annual Statement filed with Secretary Of State, **OR** a copy of Articles Of Incorporation.

\_\_\_\_\_ A PRIVATE ORGANIZATION, GROUP, OR ASSOCIATION. Attach a document establishing your authority to act.

\_\_\_\_\_ SOLE OWNERSHIP OF BUSINESS. Attach a Copy of your Assumed Name Certificate or a copy of your sales tax permit and enter:

Owner's Name \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ A PARTNERSHIP: Attach a copy of partnership agreement including the NAMES and social security or FEI numbers of two partners.

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Page 2 of 2

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**EXCEPTIONS**

**Check If Applicable And Attach Copies Of Requested Documents**

If business is:

\_\_\_ **CLOSED:** Attach a brief statement of Closing, Articles of Dissolution or Corporate Liquidation Form filed with IRS.

\_\_\_ **NAME CHANGED/ASSUMED/MERGED.**  
Attach a copy of Change of Name Amendment or Assumed Name Certificate.

\_\_\_ **PURCHASED/SOLD.** Attach a copy of the Buy/Sell Agreement.

**Claimant Signature**

The named Claimant certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim Claimant will indemnify and hold harmless the City of Stafford, the Finance Director, and its employees from any damages, claims, or losses of any kind resulting from the payment of the above property to the Claimant.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use only: Documentation Reviewed By: \_\_\_\_\_

Payment of claim in the amount of: \$ \_\_\_\_\_ Approved By: \_\_\_\_\_

Check Number: \_\_\_\_\_