



City of
Leander

Unclaimed Property Claim Form

Finance Department
City of Leander

Attach the following information with this Claim Form completed:

1. Copy of your driver's license; or
2. W-2 form; or
3. Federal Tax ID number (if applicable); or
4. Any official form used for identification;
5. List of all addresses used that may be associated with property being claimed, including post office box numbers (use back of this form if necessary).

Claimants are required to provide the City with sufficient proof and documentation to substantiate entitlement to payment. You must be eighteen (18) years or older to claim property.

Claimant Information:

Name or Company Name: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

DL#: _____ Phone: _____

Last 4 Digits of Social Security #: _____ If Company, Tax ID# _____

Description of Claim: _____

The named Claimant hereby 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 said Claimant will indemnify and hold harmless the City of Leander, their Officers and employees, from any damages, claims or losses of any kind resulting from the payment of the above described property to claimant.

Claimant Signature: _____ Date: _____

Mail completed property claim form and attachments to:

**City of Leander
Finance Department
P.O. Box 319
Leander, TX 78646
Fax: 512-690-2272**