



City of Leander

UNCLAIMED PROPERTY CLAIM FORM

Please complete the claimant information below. Please return to the City of Leander Utility Office with a copy of your driver's license.

LAST NAME or COMPANY NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

MAIDEN NAME: _____

LAST 4 DIGITS OF SS#: XXX - XX - _____

DRIVER'S LICENSE STATE & #: _____

IF COMPANY; TAX ID #: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

Mail or Fax the completed form and a copy of your driver's license to:

City of Leander
P.O. Box 319
Leander, TX 78646-0319

Fax # 512-259-2665

Please allow up to 30 days for your request to be processed.