

Unclaimed Funds Claim Form



Mail Completed Form to:

City of Andrews
Finance Department
111 Logsdon
Andrew, TX 79714

Claimants must be 18 or older. Claimant is required to provide the city with sufficient documentation to establish Claimant's right to receive unclaimed funds. Submitting your Social Security Number ("SSN") is required to verify your claim. To the extent permitted by law, your Social Security Number; and all other information provided will be kept confidential and never disclosed.

Claimant Information

Name: _____ SSN: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

Please attach the following information:

1. Copy of your Driver's License or other official document used for identification.
2. Proof of Social Security Number

Claimant Certification and Signature

The named Claimant certifies that this claim for funds 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 Andrews, the Director of Finance, and its employees from any damages, claims, or losses of any kind resulting from the payment of the above funds to the Claimant.

Signature: _____ Date: _____