

**Unclaimed Property Claim Form
For Heir, Trustee or Parent**

Mail Completed Form to:
**Harlingen Water Works
Finance Department
P.O. Box 1950
Harlingen, TX 78551**

Please attach the following information:

1. Copy of claimant's Driver License or other official form used for identification.
2. Proof of Social Security Number (not required, but may help verify ownership).

Claimant is required to provide the city with sufficient documentation to establish Claimant's right to receive unclaimed property. Submitting your Social Security Number ("SSN") is optional but may be the only available means of verifying your claim. To the extent permitted by law, your Social Security Number will be kept confidential.

Claimant Information

Name: _____ SSN: _____

Current Address: _____ Daytime Phone: _____

City: _____ State: _____ Zip Code: _____

Fax Number: _____ E-mail Address: _____

Your filing status:

Check one, attach documents requested and enter the applicable federal number below:

_____ If you are an Heir to the reported property owner, attach a certified copy of the death certificate and a copy of the probated will or court order or affidavit of heirship.

_____ If you are a Trustee or Guardian to the reported property owner, attach a copy of the trust agreement or current guardianship documents.

_____ If you are an Executor or Administrator for the reported property owner's estate, attach a certified copy of the death certificate and Letters of Administration or Testamentary dated within 90 days of filing the claim.

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Fill in the Federal Tax Identification Number that applies:

Reported Property's Social Security No.: _____

Estate or Trust FEI: _____

Claimant Certification and 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 Harlingen Water Works System, the Director of Finance, 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: _____

For Internal Use Only

Date Received: _____

Date Issue: _____

Issue to: _____

New Check Number: _____

By: _____