



**UNCLAIMED PROPERTY CLAIM FORM**

**City of Converse**  
**Finance Department**  
**406 South Seguin Rd**  
**Converse, TX. 78109**

Claimants must be 18 or older. Please provide the city with sufficient documentation to establish your right to receive unclaimed property. The reference number can be found in the City of Converse website.

**PROVIDE ONE THE FOLLOWING DOCUMENTS:**

1. Copy of Driver's License
2. Copy of State ID
3. Copy of U.S. Passport/Card

<b>Claimant Information</b>		
Name:	Reference #:	
Current Address:		
City:	State:	ZIP Code:
Primary telephone number:	Alternate number:	E-Mail Address:

**Claimant Certification and Signature**

Under penalties of perjury, I hereby certify that the foregoing information is true and correct. I further certify that I have not received any property claimed, am entitled to it and know of no other person who claims to be entitled to any portion. I agree to indemnify and hold harmless the City of Converse, the and its employees for any loss of claim whatsoever resulting from the payment of this claim to me.

\_\_\_\_\_

Signature Date

<b>For office use only</b>	
Date Received: _____	Date Issued: _____
Paid To: _____	Check Number: _____
Issued By: _____	