

City of Bryan **Unclaimed Property Claim Form**

Claimant Information

	Ciaimant iiii	mation		
Reported Property Owner's Last/Business Name		First Name		
Claimant's Name (If different from reported property owner)				
Mailing Address				
City		State	Zip Code	
Phone Number		Email		
	ifies that this claim for propert ie and correct, and that upon p		•	

hold harmless the City of Bryan 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:
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Instructions

- -Please fill in all boxes accurately and completely so that the claim can be processed promptly.
- -Please provide one of the following documents as proof of identification:
 - -Copy of claimant's photo identification (e.g. driver's license or state ID card)
 - -Proof of Taxpayer Identification Number
- -These items may be photocopied and submitted by mail, fax or in person. All pictures and text must be clear and legible. Property will not be released without proof of identification.

Mail: City of Bryan Attn: Unclaimed Property PO Box 1000 Bryan, Texas 77805

Fax: 979-209-5095

In Person: 300 S Texas Ave Bryan, TX 77803 3rd Floor - Finance