



Mail Completed Form to:  
**City of Mercedes**  
**Finance Department**  
**400 S Ohio Ave**  
**Mercedes, TX 78570**

## UNCLAIMED PROPERTY CLAIM FORM

Claimants must be 18 or older. Claimant is required to provide the city with sufficient documentation to establish Claimant's right to receive unclaimed property. Submitting your Social Security Number is optional but may be the only means of verifying your claim. To the extent permitted by law, your Social Security Number will be kept confidential.

### PROVIDE THE FOLLOWING DOCUMENTS:

1. Copy of Driver's License or other ID card
2. Copy of Social Security Card
3. Copy of Birth Certificate
4. Copy of U.S. Passport Card

<b>Claimant Information</b>		
Name:	SSN:	
Current address:		
City:	State:	ZIP Code:
Primary phone number:	Other phone number:	Email 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, are 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 Mercedes, the Director of Finance 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: _____
Issue to: _____	New Check #: _____
By: _____	