



Unclaimed Property Claim Form

Details of property being claimed:

Payee Name: _____

Payee type: accounts payable or utility refund _____

Check Date: _____

Check Amount: _____

Address for property check to be mailed to:

Address 1: _____

Address 2: _____

Address 3: _____

City, State Zip: _____

Under penalties of perjury, I certify that the information provided on this claim is true and correct.

Upon payment of this claim, said claimant will indemnify and hold harmless the City of Lavon, its officers and employees from any damages, claims or losses of any kind resulting in payment of the included property to the claimant under the provisions of Texas Unclaimed Property Revised Statutes.

signature

date

This signed form, along with a color copy of the payee's driver license, may be submitted through email to accountspayable@lavontx.gov, or mailed to the City of Lavon, attn: Accounts Payable, PO Box 340, Lavon, TX 75166.