APPLICATION FOR UNCLAIMED FUNDS

NAME: _____ _____ _____ _____
LAST FIRST MI/NAME SUFFIX

CURRENT ADDRESS: _____ _____ _____ _____
STREET CITY STATE ZIP CODE

PHONE NUMBER: _____

PREVIOUS ADDRESS: _____ _____ _____ _____
STREET CITY STATE ZIP CODE

SS # _____ DRIVERS LICENSE # _____

PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE

MAIL TO: **COMAL COUNTY TREASURER**
ATTN: CECILY CHAPPELL
150 N. SEGUIN AVE., SUITE 213
NEW BRAUNFELS, TX 78130