APPLICATION FOR UNCLAIMED FUNDS

NAME: _____ _____ _____
LAST FIRST MI/NAME

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 AUDITOR
ATTN: SHARON FERRELL
150 N. SEGUIN STREET, SUITE 201
NEW BRAUNFELS, TEXAS 78130