

# City of Odessa Finance Department

City of Odessa Finance Department



City of Odessa  
Finance Department  
Attention: Diana Rodriguez  
P O Box 4398  
Odessa, TX 79760-4398

Claimants must be 18 or older. Claimant is required to provide the city with sufficient documentation to establish Claimant's right to receive unclaimed funds. Submitting your Social Security Number ("SSN") is required to verify your claim. To the extent permitted by law, your Social Security Number; and all other information provided will be kept confidential and never disclosed. The information you submit is not stored in any email, digital format, database of any kind. The information you enter is under a high grade encryption for security purposes.

## City of Odessa Unclaimed Funds Claimant Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Required Documentation for Unclaimed Funds Claimant

1. Copy of your Driver's License or other official document used for identification"
2. Proof of Social Security Number"

## City of Odessa Unclaimed Funds Claimant Acknowledgment

The Claimant certifies that this claim for funds presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim, Claimant will indemnify and hold harmless the City of Odessa, the Director of Finance, and its employees from any damage, claims, or loss of any kind resulting from the payment of the above funds to the Claimant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_