



City of Winnsboro Unclaimed Property



Today's
Date: _____
Service _____
Address: _____

Customer Information

Name: _____

Social Security #: _____ - _____ - _____ DL#: _____
(COPY REQUIRED)

NEW Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone #: (_____) _____ - _____ Alt #: (_____) _____ - _____

E-Mail: _____

NOTES:

Customer Signature: _____

For Office Use	
Date	
Received by:	
Orig Check #	
Amount Due:	
Account #:	
For A/P Use	
Date	
Received by:	
NEW Check #	