



Owner's Claim Form for Unclaimed Money Funds

Thank you for your inquiry. To help ensure that there are no delays in processing your claim, please fill out the form completely. Be sure to include your current address and phone number so we may contact you should any questions arise about your claim and return completed form by mail to: CPS Energy, Attn.: Cash Management, Mail Drop 100702, P.O. Box 1771, San Antonio, TX 78296-1771 or by faxing to (210) 353-4611. After completing the form, please sign and attach COPIES of proof of ownership. This proof may be in the form of but not limited to, copies of a social security card, drivers license, or proof of residence.

PLEASE WRITE IN PENCIL TO CORRECT ANY MISTAKES

Owner's Full Name _____ Social Security Number _____

Identification number (License number, Military ID Number etc.) _____ Type (TDL, Military, etc.) _____ (Number) _____

Current Mailing Address			
Street Address or P.O. Box _____ Apt. # _____ Evening Phone _____			
City _____	State _____	Zip _____	

Previous Addresses			
Street Address or P.O. Box _____	Apt. # _____	Street Address or P.O. Box _____	Apt. # _____
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Street Address or P.O. Box _____	Apt. # _____	Street Address or P.O. Box _____	Apt. # _____
City _____ State _____ Zip _____		City _____ State _____ Zip _____	

I _____, certify the information provided above is true and correct. I hereby certify I am the owner of the property and hereby-present proof of the claim to establish my right to receive the property.

(Signature) _____ (Date)

_____ Initial on the line if you wish to donate any unclaimed items to the Residential Energy Assistance Partnership (REAP), if your claim is confirmed.

Please fax or mail your claim form and attached proof of ownership to:

Fax: (210) 353-4611 or Mail to:
CPS Energy
Attn.: Cash Management
Mail Drop 100702
P.O. Box 1771
San Antonio, TX 78296-1771

If you have any questions please call or email:
210-353-2714 or UP@cpsenergy.com

FOR OFFICE USE:	
APPROVED BY: _____ Supervisor, Cash Management	_____ Date
CHECK No.: _____	ISSUED: _____