



Treasurer/Collector's Office

50 Billerica Road
Chelmsford, MA 01824

John Sousa, Jr.
Finance Director/ Treasurer-Collector

Telephone (978) 250-5210
Fax: (978) 256-5545

ABANDONED and UNCLAIMED PROPERTY CLAIM FORM

Name and Address (as it appeared on website)	Name and Address Correction (if Different) or Executor's Name and Address

Claimant must sign below (if more than one person is entitled to the property, both or all must sign). Under penalties of perjury, I declare that my claim of ownership of this property is true, absolute, and complete.

I (we) have not sold, assigned, transferred, pledged this property, nor given it away nor authorized nor empowered any person or persons, corporation or association to draw any amount on same.

Signature of Claimant

Date

Signature of Co-Owner (if applicable)

Date

(_____) _____
Telephone Number

You must provide your name, address, telephone number, and signature for your claim to be processed. If payee of unclaimed funds is deceased, please provide evidence that all claimant(s) are authorized executor(s) of the estate. **If all evidence requested by the Treasurer is not received, this claim will not be paid.**

An original signature is required. Electronic copies, photocopies, and faxed copies will not be accepted.

(To be completed by Treasurer's Office)
Check Number:

Date:

Amount: