



Town of Southbridge
 Treasurer / Collector's Office
 41 ELM STREET
 SOUTHBRIDGE, MASSACHUSETTS 01550
 (508) 764-5401

ABANDONED and UNCLAIMED PROPERTY CLAIM FORM

Name and Address (as appeared in newspaper or on website)	Name and Address Correction (if different) or Executor's Name & Address
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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 to 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 Social Security or Tax Identification Number Date

 Signature of Co-Owner (if applicable) Social Security or Tax Identification Number Date

(_____) _____
 Telephone Number

We need the following to process your claim:
 Name, Address, Social Security or Tax Identification Number, Telephone Number and Signature.
 If Payee of unclaimed funds is deceased, please provide evidence that the claimant(s) are authorized executor(s) of the estate.
If all evidence requested is not received, this claim will not be paid.

IMPORTANT: Make a copy of the claim form for your records and return the original completed form, along with any necessary documentation to the address shown above. An original signature is required. Electronic copies, photocopies and faxed copies will not be accepted.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Check Number Date Amount Description

Researched By: _____ Date: _____

Approved By: _____ Date: _____