



RETURN TO: TOWN OF ASHLAND
CHRISTINE M. BRODEUR, TREASURER
101 MAIN STREET
ASHLAND, MA 01721
TELEPHONE: 508-881-0100, ext 622

Name: (PRINT)

Address: (PRINT)

Tel: _____

ABANDONED PROPERTY CLAIM FORM

Claimant must sign below **(if more than one person is entitled to the property both must sign)**. Under the 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.

I agree to indemnify the Town of Ashland against any and all future claims made by any party to the property represented in this abandoned property claim.

Signature of Claimant and Date of Birth

Date

Social Security / Federal Identification #

Signature of Claimant and Date of Birth

Date

Social Security / Federal Identification #

Property Description: Uncashed check:

Claim Reference Number (from list) _____

We need the following to process your claim:

___ Name, Address, SS#, Signature, Date of Birth, Date Signed.

___ This claim form, completely filled out and signed.

If ALL evidence requested is not received, this claim will not be paid

ONCE WE HAVE RECEIVED THIS SIGNED CLAIM FORM AND SUPPORTING EVIDENCE, IT MAY TAKE UP TO six (6) WEEKS TO RECEIVE PAYMENT. THANK YOU FOR YOUR PATIENCE.