



TOWN OF UPTON, MASSACHUSETTS

TREASURER/COLLECTOR

UNCLAIMED /ABANDONED FUNDS – CLAIM FORM

Name as it appears on letter/website

Current Name and Address or
Executor's Name and Address

Claimant must sign below. Under penalties of perjury, I declare that my claim of ownership of these funds is absolute, and complete.

Signature of Claimant

Date

Signature of Executor (if applicable)

Date

(_____) _____
Telephone Number

PLEASE SUBMIT WITH A COPY OF A VALID PHOTO ID

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. The Town of Upton reserves the right to require additional information it deems necessary to substantiate a claim.

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

(FOR OFFICE USE ONLY -- to be completed by Treasurer/Collector's Office)

Original Check Number:

Date:

Amount: