**ABANDONED and UNCLAIMED FUNDS FORM**

Check Number: Check Date: Amount: Check issued to:

Our records indicate that an uncashed check belongs to the person(s)/business whose name appears above. Under Massachusetts General Law Chapter 200A § 9A this notice is an attempt to inform the apparent owner of **the uncashed check listed above** and begin the process necessary to rebut the presumption of abandonment. Unclaimed funds will be credited to the city’s general treasury if the apparent owner fails to respond. However, prior to returning the funds to the general treasury, we attempt to reach the owner of the property to determine the validity of the claim and reissue the funds due.

**The check will be reissued ONLY to the person’s name listed at the top of this letter.** An exception may be granted if the stated person is deceased, or the person has changed names. If the person’s name has changed, please provide a copy of legal documentation (e.g. Marriage Certificate, Divorce Decree, Court Documents). If the person named above is deceased, you are the Estate Of and may be entitled to these funds, please send copies of legal documentations (e.g. Death Certificate and Last Will/Power of Attorney, etc.).

Make a copy of the claim form for your records and **return the completed form to the address above,** along with all necessary documentation. If you have any questions, please call 508-278-8600 ext. 2003.

***If you have received and CASHED this check previously, please indicate.***

 I have previously cashed this check, please update your records.

***If you have received and are in possession of this check*,** this check is stale dated.

Please contact our office to request a newly issued check.

***If this check has not been received or is lost***, please sign below for a replacement check to be issued.

I hereby certify that the check listed above has not been received by me or has been lost and that I am entitled to the above amount.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_