



Town of Holbrook
 Office of the Treasurer
 Tiffany Sheehan Treasurer/Collector
 50 N Franklin St Holbrook, MA 02343
 (781) 767-4316

Unclaimed Property Claim Form

We need the following to process your claim:

Every field on this form must be fully completed to process your claim.

Proof of Identity, evidence of change of name/address, and an updated W9 may be required upon review of your claim

If payee of unclaimed funds is deceased, please provide evidence that claimant(s) is the executor of the estate.

If all evidence requested is not received, this claim will not be processed

Payee Name: _____

Payee Address: _____

Payee Social Security or Federal Tax ID #: _____

Claimant/Executor Name: _____

Claimant/Executor Address: _____

Claimant/Executor Phone #: _____

Claimant/Executor Social Security or Federal Tax ID #: _____

Amount of Check: \$ _____ Check #: _____ Date of Check: _____

Under Massachusetts General Law Chapter 200A, Section 9A, The Town of Holbrook will reissue unclaimed funds in accordance with the laws and procedures. I provide this affidavit so that a replacement check may be issued to me. I acknowledge that authorization for payment of the original check has been cancelled and will return the check to the Town of Holbrook if it is found. I agree that the Town of Holbrook and the financial institution shall not be liable for damages resulting from refusal to honor an instrument submitted of repayment more than one year after issuance. I certify under penalties of perjury, that the payee has not previously requested replacement or stop payment of the above check. I agree to hold the Town harmless in the event it is later determined that I am not entitled to receive these funds.

 Signature

 Date

 Signature

 Date

Make a copy of this claim for your records and return the completed form, along with all necessary documentation to the address above.

For office use only:

Date received _____ Date reviewed _____ Date approved/denied _____ Check Reissued _____

