

City of Somerville, Massachusetts Finance Department, Treasury Division Katjana Ballantyne – Mayor

ABANDONED & UNCLAIMED PROPERTY CLAIM FORM

Name & Address (as appeared on unclaimed pr	roperty list):	Name / Address Correction <u>or</u> Name / Address of Personal Representative / Claimant
CHECK & COMPLETE ONE OF THE FOLLOWING:		
I,, swear and attest under the pains and penalties of perjury that I am the person entitled to the return of the paid amount as the only person holding a legal and equitable interest therein.		
Signature of Claimant	Date	Telephone Number
Signature of Claimant	Date	Telephone Number
I,, swear and attest under the pains and penalties of perjury that I have notified all other persons holding a legal and equitable interest in the said amount and they have authorized me to act on their behalf as described below.		
Signature of Personal Representative	Date	Telephone Number
In consideration of the payment to me of claimed amount, I agree to indemnify the		
We need the following to process your claim: Name, Address, last 4-digit of Social Security or Tax Identification Number, Telephone Number & Signature. If all the information is not completed, the claim will not be processed. Do not provide your full Social Security number.		
NOTE: Make a copy of the claim form for your records, and return the original completed form, along with necessary documentation to the address shown below. An original signature is required. Electronic copies, photocopies, and faxes will not be accepted.		
FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE		

<u>CHECK #</u> <u>DATE</u> <u>AMOUNT</u> <u>DESCRIPTION</u>