



Treasury and Collection Department

M. Ronald Mendes, Treasurer and Collector

1000 COMMONWEALTH AVENUE

NEWTON, MA 02459

TELEPHONE (617) 796-1330

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www.newtonma.gov

Ruthanne Fuller
Mayor

ABANDONED and UNCLAIMED PROPERTY CLAIM FORM

Name and Address (as appeared in newspaper or on website)	Name and Address Correction (if different)
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Claimant must sign below (if more than one person is entitled to the property both or all must sign). Under penalties of perjury, I declare that my claim of ownership to this property is true, absolute and complete.

The claimant agrees to hold the city and the city treasurer harmless in the event it is later determined that the claimant was not entitled to receipt of the funds.

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.

_____	_____	_____
Owner Signature	Social Security or Tax Identification Number	Date

_____	_____	_____
Co-Owner Signature (if applicable)	Social Security or Tax Identification Number	Date

(____) _____
Telephone Number

We need the following to process your claim:
Name, Address, Social Security or Tax Identification Number, Telephone Number and Signature.
If all the information is not completed, the claim will not be processed.

NOTE: Make a copy of the claim form for your records and return the original completed form, along with any necessary documentation to the address shown above. 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 NUMBER</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>DESCRIPTION</u>
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