

TOWN OF BRAINTREE



Michael J. Joyce
Treasurer

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UNCLAIMED CHECK DIVISION
1 JFK Memorial Drive
Braintree, MA 02184

CLAIM FORM

The Treasurer's office will need the following to process your claim:
Name, Address, SS # or Federal ID number, Telephone # and Signature

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

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

Payee's Name and Address (PLEASE PRINT)	Claimant's Name/Address Correction (if different)
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Claimant must sign below (if more than one person is entitled to the property, both must sign)

Under penalties of perjury, I (we) declare that my (our) claim of ownership to this property is true, absolute and complete. I (we) have not sold, assigned, transferred, pledged this property, given it away, authorized, nor empowered any person or persons, corporation, or association to draw any amount on same.

Name of Claimant (PLEASE PRINT)

Signature

()

Social Security # or FID

Date

Telephone Number

Name of Claimant (PLEASE PRINT)

Signature

()

Social Security # or FID

Date

Telephone Number

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

For internal use only

PROPERTY DESCRIPTION

Check #

Check Date

Check Amount

Researched by: _____ Date: _____

Approved by: _____ Date: _____