Town of Boylston
Office of the Treasurer/Collector
221 Main Street
Boylston, MA 01505
Phone: 508-869-2972

ABANDONED AND UNCLAIMED PROPERTY CLAIM FORM

Name(s) as it appears on Unclaimed Property List

_____

_____

_____

Current name and address or Executor's Name and address

_____

_____

_____

Check Number:	Issue Date:
Payee:	Amount:

Claimant(s) must sign below (if more than one person is entitled to the property, both or all must sign). Under pains and penalties of perjury, I declare that my ownership to this property is true, absolute and complete. An original signature is required. Electronic copies, photocopies, and faxed copies will not be accepted.

_____ _____
Telephone Number Email

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

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

You must provide your name, address, telephone number, and signature for your claim to be processed. If payee of unclaimed funds is deceased, please provide evidence that all claimant(s) are authorized executor(s) of the estate. If all evidence requested by the Treasurer is not received, this claim will not be paid. The Town of Boylston reserves the right to require additional information it deems necessary to substantiate a claim.

Complete the claim form and return along with any required documentation by mail or deliver to the drop box at: Town of Boylston
221 Main Street
Boylston, MA 01505

FOR OFFICE USE ONLY- To be completed by the Treasurer Department

Check Number: _____ Date:_____ Amount: _____

Researched by: _____ Date: _____

Approved: _____ Date: _____