



Finance Office
472 Main Street
Acton, MA 01720
978-929-6624

ABANDONED and UNCLAIMED PROPERTY FORM

Name (as it appears on website)	Name and Address Correction (if Different) or Executor's Name and Address
Address	

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 is true, absolute and complete.

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.

Signature of Claimant

Date

Signature of Co-Owner (if applicable)

Date

(_____) _____
Telephone number

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 Finance Office is not received, this claim will
not be paid.

(To be completed by the Finance Office)

Check Number:

Date:

Amount: