



**TOWN OF WEST BROOKFIELD
TREASURER & COLLECTOR
ABANDONED PROPERTY OFFICE**

**PO BOX 551
2 EAST MAIN STREET
WEST BROOKFIELD, MA 01585**

NAME & ADDRESS (as appeared in newspaper):	Name / Address Correction (if different) or Executor's Name / Address:
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CLAIM FORM

Claimant must sign below (if more than one person is entitled to the property both must sign). Under penalties of perjury, I declare that my claim of ownership to this property 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 _____ Last four digits of SS or FID number _____

Telephone Number (_____) _____

Signature of Co-Owner (if applicable) _____ Date _____ Last four digits of SS or FID number _____

<i>For internal use only</i>			Property Description:
Ck #	Date	Amount	

We need the following to process your claim:

Name, Address, SS# or FID#, 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 paid.

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

Researched by, _____

Approved by, _____
, Town Treasurer

Staple Attachments Here