

# TOWN OF WELLESLEY

For internal use only

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Treasurer & Collector



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## ABANDONED CHECK DIVISION

525 Washington Street  
Wellesley, MA 02482

## CLAIM FORM

### The following is needed to process your claim:

- 1) Each Claimant shall provide: Name, Address, Social Security or Federal Tax ID number, Telephone #, Signature, and a legible copy of a valid driver's license of the Claimant.
- 2) Attach Proof of ownership to the property: i.e., Copy of Social Security Card, Medicare card, W-2 Wage and Earnings statement, tax return or another official document that has name, address, and Social Security number of Payee/Owner. For business/corporations, attach a copy of an official document that has name and Federal Employer Identification number.

If payee of unclaimed funds is deceased, please complete the Deceased Payee Claim Form and provide evidence that claimant(s) is executor of the estate, and a certified copy of the death certificate for the reported owner(s).

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

Payee(s)/Owner(s) Name & Address: (PLEASE PRINT)	Claimant's Name/Address Correction (If different)

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 No. or FID	Date	Telephone Number
Name of Co-Claimant (Please Print)		Signature
		( )
Social Security No. 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.

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### PROPERTY DESCRIPTION

Check #

Check Date

Check Amount

Researched by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_