

# TOWN OF WELLESLEY

For internal use only

MARC V. WALDMAN  
Treasurer & Collector



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**UNCLAIMED CHECK DIVISION**  
525 Washington Street  
Wellesley, MA 02482

## CLAIM FORM

### We need the following to process your claim:

- 1) Each Claimant shall provide: Name, Address, SS# or Federal ID number, Telephone #, and 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)
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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 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: \_\_\_\_\_