

# TOWN OF BRAINTREE



Barbara Walls  
Treasurer/Tax Collector

Tel: (781) 794-8138  
Fax: (781) 794-8149

UNCLAIMED CHECK DIVISION  
1 JFK Memorial Drive  
Braintree, MA 02184

## CLAIM FORM

**We need the following to process your claim:**  
Name, Address, SS # or Federal ID number, 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 processed**

Payee's Name and 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.

**DATE OF UNCLAIMED CHECK (ex. 2015-2016)** \_\_\_\_\_

\_\_\_\_\_  
Name of Claimant (PLEASE PRINT) Signature  
( )

\_\_\_\_\_  
Social Security # or FID Date Telephone Number

\_\_\_\_\_  
Name of Claimant (PLEASE PRINT) Signature  
( )

\_\_\_\_\_  
Social Security # 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.

PROPERTY DESCRIPTION		
Check #	Check Date	Check Amount

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

Voucher #: \_\_\_\_\_ Date Replaced: \_\_\_\_\_

Removed from Web Site? Yes \_\_\_\_\_