



Town of Edgartown

Town Treasurer
P.O. Box 5158
Edgartown, MA 02539-5158
Tel: (508) 627-6130
Fax: (508) 627-6133

ABANDONED and UNCLAIMED PROPERTY CLAIM FORM

Name and 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 of 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.

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 Treasurer is not received, this claim will not be paid.**

An original signature is required. Electronic copies, photocopies, and faxed copies will not be accepted.

(To be completed by Treasurer's Office)

Check Number: Date: Amount: