



TOWN OF OXFORD  
TREASURER & COLLECTOR  
ABANDONED PROPERTY OFFICE

325 MAIN STREET  
OXFORD, MA 01540

[www.town.oxford.ma.us](http://www.town.oxford.ma.us)

NAME & ADDRESS (as appeared in newspaper):

Name / Address Correction (if different)  
or Executor's Name / Address:

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 Social Security or Federal Identification Number

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Owner (if applicable) Date Social Security or Federal Identification Number

For internal use only

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