For internal use only

TOWN OF OXFORD
TREASURER & COLLECTOR
ABANDONED PROPERTY OFFICE

325 MAIN STREET
OXFORD, MA 01540

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

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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

revised 4/03