

# CITY OF HAVERHILL

Alicia T. McOsker, CTP  
Treasurer /Tax Collector

Tel: (420) 420-3642  
Fax: (978) 374-3638

UNCLAIMED CHECK DIVISION  
4 Summer Street #114  
Haverhill, MA 01830

**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 )
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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.

**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.

For internal use only	PROPERTY DESCRIPTION	
Check #	Check Date	Check Amount

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

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

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