CITY OF HAVERHILL

Yenise Rozon Tel: (978) 420-3638

Treasurer /Tax Collector Fax: (978) 420-2408

### 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** )

## 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 #: Removed from Web Site? Yes

Date Replaced: