



**TOWN OF OXFORD
TREASURER & COLLECTOR
ABANDONED PROPERTY OFFICE**

**325 MAIN STREET
OXFORD, MA 01540**

www.oxfordma.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

Last four digits of SS or FID number

Telephone Number () _____

Signature of Co-Owner (if applicable)

Date

Last four digits of SS or FID 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