



**CITY OF WORCESTER**  
**Geralyn M. Walsh**  
**ASSISTANT CITY TREASURER**  
**ABANDONED PROPERTY OFFICE**  
 455 MAIN STREET, ROOM 203  
 WORCESTER, MA 01608 Telephone (508)  
 799-1095 [www.worcesterma.gov](http://www.worcesterma.gov)

For internal use only

<b>NAME &amp; ADDRESS:</b>	<b>Please Print:</b> Name/Address Correction (If different)
----------------------------	--

**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. Furthermore, I (we) understand that if any taxes or fees are due the City of Worcester, these funds may not be released and shall be credited to the specific aforementioned in accordance with MGL Ch. 60 § 93 and Ch. 41 § 38A.

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 \_\_\_\_\_

To be completed by claimant

**Property Description:**

<u>Ck #</u>	<u>Date</u>	<u>Amount</u>

**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, \_\_\_\_\_  
 Geralyn M. Walsh, Assistant City Treasurer

**Staple Attachments Here**