For internal use only

CITY OF WORCESTER
Thomas F. Zidelis
ACTING TREASURER & COLLECTOR
ABANDONED PROPERTY OFFICE
455 MAIN STREET, ROOM 203
WORCESTER, MA 01608 Telephone
(508) 799-1095
www.worcesterma.gov

NAME & ADDRESS:	**Please Print:** 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

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, _____

Thomas F. Zidelis, Acting City Treasurer

☐ **Staple Attachments Here**

Revised 12/12

Print Form