



TOWN OF CHARLTON

Treasurer/Collector

37 Main St

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Treasurer/Collector

Joanne L. Savignac, CMMC, CMMT

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ABANDONED and UNCLAIMED PROPERTY CLAIM FORM

Name and Address (as appeared on website)

Claimant must sign below (if one than one person is entitled to the property both or all must sign.)
Under penalties of perjury, I declare that my claim of ownership to the property is true, absolute and complete.

I (we) have not sold, assigned, transferred, pledged this property, nor given it away nor empowered any person
or persons corporation or association to draw and amount on same.

Signature of Claimant - Social Security or Tax Identification Number - Date

Signature of Co- Claimant - Social Security or Tax Identification Number - Date

Telephone number

We need the following to process your claim:
Name, address, social security or tax identification number, telephone number, and signature.
If payee of unclaimed funds is deceased, please provide evidence that the claimant(s) are authorized executor(s) of the estate.

IMPORTANT: Make a copy of the claim form for your records and return the original completed form along with any necessary documentation to the address shown above. An original signature is required. Electronic copies, photocopies, and/or faxed copies will not be accepted.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Check Number: Date issued: Amount: Description:

Signed by: _____