



# TOWN OF LANCASTER, MASSACHUSETTS

OFFICE OF TREASURER/COLLECTOR

MARY E FROST

701 MAIN ST SUITE 5 LANCASTER MA 01523

Claimant 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. Furthermore, I (we) understand that if any taxes or fees are due to the Town of Lancaster, these funds may not be released and shall be credited to the specific aforementioned in accordance with MGL Ch. 60 Sec 82 and Ch 41 Sec 38A.

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Signature of Claimant

Date

SS# or FID #

Telephone (\_\_\_\_\_) \_\_\_\_\_

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Signature of Co-Owner (if applicable)

Date

SS# or FID#

IMPORTANT: THE ABOVE INFORMATION IS NEEDED TO PROCESS YOUR CLAIM. IF PAYEE OF UNCLAIMED FUNDS IS DECEASED, PLEASE PROVIDE EVIDENCE THAT CLAIMANT (S) IS THE EXECUTOR OF THE ESTATE.

IF ALL EVIDENCE REQUESTED IS NOT RECEIVED, THIS CLAIM WILL NOT BE PAID.

RETURN COMPLETED FORM ALONG WITH ALL DOCUMENTS NECESSARY TO THE ABOVE ADDRESS