



City of Somerville, Massachusetts
Finance Department, Treasury Division
 Joseph A. Curtatone – Mayor

ABANDONED & UNCLAIMED PROPERTY CLAIM FORM

Name / Address (as it appears on unclaimed property list).	Name / Address Correction <i>or</i> Name / Address of Personal Representative /Claimant
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CHECK & COMPLETE ONE OF THE FOLLOWING:

I, _____, swear and attest under the pains and penalties of perjury that I am the person entitled to the return of the paid amount as the only person holding a legal and equitable interest therein.

Signature of Claimant	Date	Telephone Number
Signature of Claimant	Date	Telephone Number

I, _____, swear and attest under the pains and penalties of perjury that I have notified all other persons holding a legal and equitable interest in the said amount and they have authorized me to act on their behalf as ascribed below.

Signature of Personal Representative	Date	Telephone Number
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In consideration of the payment to me of claimed amount, I agree to indemnify the City of Somerville, MA, and hold it harmless for and from all claims and loss, costs, and damages, and expenses which the said City of Somerville, MA, may sustain by reason of the turning over of said amount to me and by reason further of its refusal hereafter to pay the said amount or any part thereof to any other person or persons. Further, I swear and attest that all claims, assertions and signatures made above are true.

Signature Claimant / Personal Representative

We need the following to process your claim:
 Name, Address, Copy of picture ID, Telephone Number & Signature.
If all the information is not completed, the claim will not be processed.

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

<u>CHECK #</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>DESCRIPTION</u>
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