



Town of Clarksburg

Treasurer/Collector

111 River Road

Clarksburg, MA 01247

taxcollector@clarksburgma.gov

Kelly.Ryan@clarksburgma.gov

Phone: (413) 663-5282

Abandoned and Unclaimed Checks Form

Name(s) as appearing on Unclaimed Property List: _____

Check Number: _____ Date Issued: _____ Amount: \$ _____

I am the person named above and would like to have a replacement check mailed to me.

Under penalties of perjury, I declare that my claim of ownership to this property is true, absolutely, and complete. An original signature is required – electronic copies, photocopies, and faxed copies will not be accepted.

Signature of Claimant

Date

Signature of Co-Owner (if applicable)

Date

Signature of Executor (if applicable)

Date

Telephone Number: _____

E-Mail: _____

Please print the name and address where the re-issued check should be mailed.

Please return form to the Treasurer's Office:

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