



TOWN OF SWAMPSCOTT
OFFICE OF THE TREASURER

Patrick Luddy, Treasurer
2S2 Monument Avenue
Swampscott, MA 01907

Unclaimed Property Claim Form

Claimant's Name: _____
(as listed in notice of abandoned property)

Current Name: _____
(if different from above, documentation required)

Executor's Name: _____
(if claimant is deceased; documentation proving executorship required)

Claimant/Executor Address: _____

Check Number: _____ Check Date: _____

Check Amount: _____

Pursuant to Massachusetts General Law Chapter 200A, §9A, the Treasury will reissue unclaimed funds upon verification of a complete and timely filed unclaimed property claim form. I provide this affidavit so that a replacement check may be issued to me. I acknowledge that authorization for payment of the original check has been cancelled and will return the original check to the Town of Swampscott if it is in my possession. I agree that the Town of Swampscott and the financial institution from which such check is drawn shall not be liable for damages resulting from refusal to honor an instrument submitted for payment more than one year after issuance.

Signature of Claimant or Executor

Date

Telephone Number

Please return this form to: Town of Swampscott Fax: 781-596-8834
Attn: Treasurer/Unclaimed Property Attn: Patrick Luddy
22 Monument Ave.
Swampscott, MA 01907

Please allow up to 4 weeks for claim processing.

For office use only: Claim Deadline _____ Date rec'd _____ Valid Claim Y / N
Date Reviewed _____ by _____ Check Reissued on _____