



## TOWN OF DOUGLAS

### CLAIMS FORM FOR UNCLAIMED PROPERTY

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

Date \_\_\_\_\_

Signature of Claimant and Date of Birth \_\_\_\_\_

Social Security or Federal Identification No. \_\_\_\_\_

Date \_\_\_\_\_

Signature of Co-Owner (if applicable) and Date of Birth \_\_\_\_\_

Social Security or Federal Identification No. \_\_\_\_\_

#### PROPERTY DESCRIPTION

CHECK NUMBER: \_\_\_\_\_

CHECK DATE: \_\_\_\_\_

PAYEE: \_\_\_\_\_

AMOUNT OF CHECK: \_\_\_\_\_

TYPE OF CHECK (CIRCLE ONE)

PAYROLL

ACCOUNTS PAYABLE/VENDOR

#### REQUIRED DOCUMENTATION

Completed W9 to verify social security and/or federal identification number

The W9 can be found on the Town of Douglas website, [www.douglas-ma.gov](http://www.douglas-ma.gov) under unclaimed property

THE REPLACEMENT CHECK SHOULD BE MAILED TO THE FOLLOWING:

PAYEE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

**PLEASE NOTE THAT ALL DOCUMENTATION MUST BE RECEIVED BEFORE A CHECK WILL BE ISSUED.**

ONCE WE HAVE RECEIVED THIS SIGNED CLAIM FORM AND SUPPORTING DOCUMENTATION, IT MAY TAKE UP TO FOUR (4) WEEKS TO RECEIVE PAYMENT.

CLAIM FORM AND DOCUMENTATION SHOULD BE MAILED TO THE FOLLOWING ADDRESS:

TOWN OF DOUGLAS  
TREASURER'S OFFICE  
ATTENTION: UNCLAIMED PROPERTY  
29 DEPOT STREET  
DOUGLAS MA 01516