



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 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