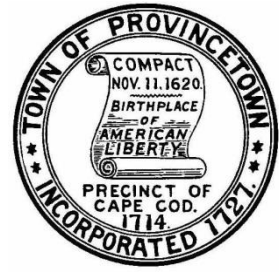


TOWN TREASURER

UNCASHED CHECK CLAIM FORM



PLEASE COMPLETE ALL BLANK SPACES

Claimant Name:	
Date Requested:	
Phone Number:	
Mailing Address:	
E-Mail Address:	

ORIGINAL CHECK INFORMATION (Found on Website)

Check Number:	
Payee Name:	
Orig. Issue Date:	

Pursuant to Massachusetts General Law Chapter 60 § 93: Funds may not be released if it is discovered that any taxes or fees are due to the Town of Provincetown from the individual or business entity submitting this Uncashed Check Claim Form. All requests will be researched by the Town Treasurer and the Town Collector. If outstanding taxes or fees are due: all or a portion of the requested funds may be retained and applied to the outstanding bills.

Claimant must sign below. Please contact the Treasurer if the original payee is deceased. Signer declares, under the penalties of perjury, that their claim to ownership of this abandoned property is true, absolute, and complete. Additional information may be requested, and all information requested must be received before any claim will be paid.

Signature of Claimant: _____ **Date:** _____

Claimant Printed Name: _____ **SSN/EIN:** _____

Last Four is Sufficient

Return form to the: Town Treasurer | **Town of Provincetown** | 260 Commercial Street 02657 | 508.487.7000 x521 | Or E-Mail: AWilliams@provincetown-ma.gov