



# TOWN OF TOPSFIELD

## TREASURER / COLLECTOR'S OFFICE

8 West Common Street, Topsfield, Massachusetts 01983

978-887-1511 / FAX 978-887-1527

### ABANDONED and UNCLAIMED FUNDS FORM

Name as it appears on website

Current Name and Address or Executor's  
Name and Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claimant must sign below. Under penalties of perjury, I declare that my claim of ownership of these funds is absolute, and complete.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Executor (if applicable)

\_\_\_\_\_  
Date

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

**PLEASE SUBMIT WITH A COPY OF A VALID PHOTO ID.**

You must provide your name, address, telephone number, and signature for your claim to be processed. If payee of unclaimed funds is deceased, please provide evidence that all claimant(s) are authorized executor(s) of the estate.

**If all evidence requested by the Treasurer is not received, this claim will not be paid. The Town of Topsfield reserves the right to require additional information it deems necessary to substantiate a claim.**

\_\_\_\_\_  
(FOR OFFICE USE ONLY -- to be completed by Treasurer/Collector Office)

Check Number:

Date:

Amount: