



## TOWN OF BILLERICA

Office of Treasurer/Collector

Elaine Russo  
Treasurer/Collector

365 Boston Road  
Billerica, MA 01821  
Tel: (978) 671-0928

### **UNCLAIMED PROPERTY CLAIM FORM**

Claimant Name	
Claimant Address	
Claimant Last 4 SSN/EIN	
Claimant Phone #	
Check #	
Check Amount	
Check Issue Date	

Under penalties of perjury, I declare that my claim of ownership to this property is true, absolute and complete.

I (we) have not sold, assigned, transferred, pledged this property, nor given it away nor authorized nor empowered any person or persons, corporation or association to draw any amount on same. Furthermore, I (we) understand that if any taxes or fees are due the Town of Billerica, these funds may not be released and shall be credited to the specific aforementioned in accordance with MGL Ch. 60 § 93 and Ch. 41 § 38A.

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

\_\_\_\_\_  
Date

If payee of unclaimed funds is deceased, please provide evidence that claimant(s) is executor of the estate. If all evidence requested is not received, this claim will not be paid.

**IMPORTANT: Return the completed form along with all necessary documentation to:  
Unclaimed Property Division, PO Box 596, Billerica, MA 01821**

Researched / Approved By: \_\_\_\_\_  
Replacement Check # Issued: \_\_\_\_\_  
Replacement Check Issue Date: \_\_\_\_\_

Original Check# \_\_\_\_\_  
Original Issue Date: \_\_\_\_\_