



**TREASURER - COLLECTOR**

MUNICIPAL OFFICE BUILDING  
8 CONWAY STREET  
SOUTH DEERFIELD, MA 01373  
VOICE: 413-665-1400 x101  
FAX: 413-665-5512

**Abandoned Funds Claim Form**

Our records indicate that the following check has been issued to you on behalf of the Town of Deerfield but remains uncashed. **By completing this form in its entirety and returning to the Treasurer's office, the Town of Deerfield will issue you a new check for the same amount.**

**IF THIS FORM IS NOT RETURNED TO OUR OFFICE, THESE UNCLAIMED FUNDS WILL EVENTUALLY BE TURNED OVER TO THE COMMONWEALTH OF MASSACHUSETTS UNCLAIMED PROPERTY DIVISION.**

<u>Check Date</u>	<u>Check #</u>	<u>Amount</u>	<u>Description</u>
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Please check one of the following items to indicate your circumstance:

\_\_\_\_\_ I have the check in my possession. (This check is now VOID. Please return it along with this form.)

\_\_\_\_\_ I do **not** have the check in my possession.

**All requested information must be provided before a claim will be issued.  
To avoid delays, please print legibly. An original signature is required to issue a new check.**

Vendor Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

**By signing below, you are declaring, under penalties of perjury, that your claim to these abandoned funds is true, absolute, and complete.**

**Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_ Last 4 digits of SSN#: \_\_\_\_\_**