

Robert M. Conlon, Jr. Treasurer / Collector

TOWN OF WEYMOUTH MASSACHUSETTS

TREASURY DEPARTMENT

182 Green Street Weymouth, MA 02191 PH: 781 340 2401 FX: 781 682 6142

UNCLAIMED PROPERTY FORM

COMPLETE INFORMATION REQUESTED BELOW

Name/Address (as it appears on unclaimed property list)		Name/Address Correction <u>or</u> Name/Address of Executor/Claimant		
Check Number:	Date Issued:	Amo	ount:	_
CHECK ONE OF THE FOI 1) I, entitled to the return of th	, swear and attest	under the pains	s and penalties of perjury that I am the person a legal and equitable interest therein.	
Signature of Claimant	Date		Telephone Number	
	egal and equitable interest in		and penalties of perjury that I have notified all int and they have authorized me to act on their	
		of said propert	Telephone Number	
Signature Claimant 1	Signature Claima	unt 2	Signature Claimant 3	
claims and loss, costs, and damages,	and expenses which the said To of its refusal hereafter to pay the	own of Weymouth said amount or a	n of Weymouth and hold it harmless for and from all th may sustain by reason of the turning over of said any part thereof to any other person or persons. Furthe	r,
		Claim	nant Signature – Witnessed by a Notary Publi	c
NOTARY USE ONLY				
Subscribed and Sworn before me, of		_20	a Notary Public in and for the County of the S	tate
			(Affix Seal Here)	
Signature of the Notary	My Commission Expires		20	
Name of Notary – Please Print				

If all evidence requested by the Treasurer is not received, this claim will not be paid. The Town of Weymouth reserves the right to require additional information as deemed necessary to substantiate this claim.