

# Yarmouth Collector/Treasurers



## Uncashed Check Claim Form

PLEASE COMPLETE ALL BLANK SPACES

<b>Claimant Name:</b>	
<b>Date Requested:</b>	
<b>Phone Number:</b>	
<b>Mailing Address:</b>	
<b>E-Mail Address:</b>	

ORIGINAL CHECK INFORMATION (Found on Website)

<b>Check Number:</b>	
<b>Payee Name:</b>	
<b>Check Date:</b>	

**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 Yarmouth from the individual or business entity submitting this Uncashed Check Claim Form. All requests will be researched by the Town Collector/Treasurer. 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 Collector/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 of Yarmouth** | Attn: Collector/Treasurer | 1146 Route 28,  
S. Yarmouth, MA 02664 | 508.398.2231 x1233 |  
Or E-Mail to: [Treasurers@yarmouth.ma.us](mailto:Treasurers@yarmouth.ma.us)