

TOWN OF TRURO - TOWN TREASURER



UNCASHED CHECK CLAIM FORM

Please complete all information

Claimant Information

Claimant Name:	
Date Requested:	
Phone Number:	
Mailing Address:	
E-Mail Address:	

Original Check Information (Found on Town of Truro's Website)

Check Number:	
Check Issue Date:	
Payee Name:	

Pursuant to Massachusetts General Law Chapter 60 Section 93:

Funds may not be released if it is discovered that any taxes or fees are due to the Town of Truro from the individual or business entity submitting this Uncashed Check Claim Form. All requests will be researched by the Town Treasurer and the Town Collector of Taxes. 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 Treasurer if the original payee is deceased. A signer declares, under 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 (4) is Sufficient

Return form to:

Truro Town Treasurer / 24 Town Hall Rd, PO Box 2012, Truro, MA 02666-2012 /
Fax: 508-349-5505 / E-Mail: sjoseph@truro-ma.gov