



**Town of Harvard**  
**Office of the Treasurer/Collector**  
 13 Ayer Road  
 Harvard, MA 01451  
 Phone: (978) 456-4100  
 Email: [james@harvard-ma.gov](mailto:james@harvard-ma.gov)

**ABANDONED and UNCLAIMED PROPERTY CLAIM FORM**

Name(s) (as appearing on Unclaimed Property List)

Current Name and Address or  
 Executor's Name and Address

\_\_\_\_\_

\_\_\_\_\_

Check #:      Date Issued:      Amount:  
 \_\_\_\_\_      /      /      \$ \_\_\_\_\_  
 \_\_\_\_\_      /      /      \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security # or Tax ID Number:

\_\_\_\_\_

Claimant(s) must sign below (if more than one person is entitled to the property, both or all must sign).  
*Under penalties of perjury, I declare that my claim of ownership to this property is true, absolute, and complete.*  
 An original signature is required. Electronic copies, photocopies, and faxed copies will not be accepted.

The claimant agrees to hold the town and the town treasurer harmless in the event it is later determined that the claimant was not entitled to receipt of the funds.

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.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Co-Owner (if applicable)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Executor (if applicable)

\_\_\_\_\_  
 Date

(\_\_\_\_\_) \_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email

You must provide your name, address, telephone number, and signature for your claim to be processed. If payee of unclaimed funds is deceased, please provide evidence that all claimant(s) are authorized executor(s) of the estate. **If all evidence requested by the Treasurer is not received, this claim will not be paid. The Town of Harvard reserves the right to require additional information it deems necessary to substantiate a claim. Reissued check may take up to 6 weeks to process.**

Mail – or deliver to the drop box - this completed form to:  
 Town of Harvard, Treasurer's Office, 13 Ayer Road, Harvard, MA 01451

**FOR OFFICE USE ONLY – To be completed by Office of the Treasurer**

Check Number:

Date:

Amount:

Researched By:

Date:

Approved By:

Date: