

## TOWN OF BRIDGEWATER

**MASSACHUSETTS** 

PH: 508-697-0923 collector@bridgewaterma.org

## TREASURY DEPARTMENT

66 Central Square Bridgewater, MA 02324

## **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:	Amount:	
CHECK ONE OF THE FOLLO	OWING		
1) I, entitled to the return of the pa	, swear and attest unde aid amount as the only persor	r the pains and penalties of perjury the holding a legal and equitable interes	nat I am the person st therein.
Signature of Claimant	Date	Telephone Number	<del></del>
behalf as ascribed below. (If  Signature of Executor (if applicab	selected section 2a must be contained.  Date	said amount and they have authorize ompleted.)  Telephone Number id property to	<u> </u>
Signature Claimant 1	Signature Claimant 2		
claims and loss, costs, and damages, and	expenses which the said Town of sefusal hereafter to pay the said a	fy the Town of Bridgewater and hold it hat f Bridgewater may sustain by reason of the amount or any part thereof to any other petrue.	e turning over of said
		Claimant Signature – Witnessed b	y a Notary Public
NOTARY USE ONLY			
Subscribed and Sworn before me, this of	s day of	20 a Notary Public in and f	or the County of the State
v			(Affix Seal Here)
Signature of the Notary	My Commission Expires	20	
Name of Notary – Please Print			