

**Town of Chatham
Treasurer/Tax Collector
Uncashed Check Claim Form**

PLEASE COMPLETE ALL BLANK SPACES

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

ORIGINAL CHECK INFORMATION (Found on Website)

Check Number:
Payee Name:
Check Date:

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 Chatham 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 Chatham | Attn: Treasurer/Tax Collector | 549 Main Street, Chatham, MA 02633 | 508.945.5108 | Or E-Mail to: SDrown@Chatham-ma.gov