



Treasurer/Collector's Office

2198 Main Street
Brewster, Massachusetts 02631-1898
(508) 896-3701
FAX (508) 896-8089
WWW.BREWSTER-MA.GOV

UNCLAIMED PROPERTY FORM

COMPLETE INFORMATION REQUESTED BELOW, RETURN WITH COMPLETED IRS W-9

Note: If all evidence requested by the Treasurer is not received, this claim will not be paid. The Town of Brewster reserves the right to require additional information as deemed necessary to substantiate this claim.

Name/Address
(as it appears on unclaimed property list)

Name/Address Correction or
Name/Address of Executor/Claimant

Check Number:

Date Issued:

Amount:

CHECK ONE OF THE FOLLOWING; IF 2 COMPLETE 2a

1) I, _____, swear and attest under the pains and penalties of perjury that I am the person entitled to the return of the paid amount as the only person holding a legal and equitable interest therein.

Signature of Claimant

Date

Telephone Number

2) I, _____, swear and attest under the pains and penalties of perjury that I have notified all other persons holding a legal and equitable interest in the said amount and they have authorized me to act on their behalf as ascribed below.

Signature of Executor (if applicable)

Date

Telephone Number

2a) We the undersigned hereby assent to the release of said property to _____

Signature of Claimant 1

Signature of Claimant 2

Signature of Claimant 3

In consideration of the payment to me of the said amount, I agree to indemnify the Town of Brewster and hold it harmless for and from all claims and loss, costs, and damages, and expenses which the said Town of Brewster may sustain by reason of the turning over the said amount to me and by reason further of its refusal hereafter to pay the said amount or any part thereof to any other person or persons. Further, I swear and attest that all claims, assertions, and signatures made above are true.

Claimant Signature – Witnessed by Notary