



Town of Leicester
Office of the Treasurer Collector
3 Washburn Square
Leicester MA 01524-1333
Phone: 508-892-7002
Fax: 508-892-7070

Abandoned Funds Claim Form

Claimant's Name: _____
(as it appears on website or in newspaper)

Current Name: _____
(If different from above)

Executor's Name: _____
(if claimant is deceased, please provide documentation proving executorship)

Claimant/Executor Address: _____

Check Number: _____ Check Date: _____

Check Amount: _____

Under Massachusetts General Law Chapter 200A, Section 9A, the Town of Leicester will reissue unclaimed funds in accordance with those laws and procedures. I provide this affidavit so that a replacement check may be issued to me. I acknowledge that authorization for payment of the original check has been cancelled and will return the original check to the Town of Leicester if it is found. I agree that the Town of Leicester and the financial institution shall not be liable for damages resulting from refusal to honor an instrument submitted of repayment more than one year after issuance.

Signature of Claimant or Executor

Date

Telephone Number

Please mail this form by:

Town of Leicester
Office of Treasurer Collector
3 Washburn Square
Leicester, MA 01524