



Town of Danvers  
Office of the Tax Collector /Treasurer's Office

1 Sylvan Street, Danvers, Massachusetts 01923 | p: 978-777-0001  
Jill M. Summit Tax Collector/Treasurer

**ABANDONED and UNCLAIMED FUNDS FORM**

Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name on Check

Date Issued

\_\_\_\_\_

Claimant must sign below. Under penalties of perjury, I declare that my claim of ownership of these funds is absolute and complete.

Signature of Claimant

Date

Signature of Executor (if applicable)

Date

Telephone Number and email address

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 claimants are authorized executors of the estate. **If all evidence requested is not received this claim will not be paid. The Town of Danvers reserves the right to require additional information it deems necessary to substantiate a claim.**

An original signature is required. Mail or bring completed form to:

Town of Danvers  
Treasurer's Office  
1 Sylvan St  
Danvers, Ma. 01923

**(FOR OFFICE USE ONLY to be completed by Treasurer's Office)**

Check Number:

Date:

Amount: