

**TOWN OF HOLLISTON
CLAIMS FORM FOR UNCLAIMED PROPERTY**

Claimant must sign below (if more the one person is entitled to the property both must sign). Under the penalties of perjury, I declare that my claim of ownership to this property is true, absolute and complete.

<hr/> Date	<hr/> Signature of Claimant and Date of Birth	<hr/> Social Security or Federal Identification No.
------------	---	--

<hr/> Date	<hr/> Signature of Co-Owner (if applicable) and Date of Birth	<hr/> Social Security or Federal Identification No.
------------	---	--

PROPERTY DESCRIPTION

CHECK NUMBER	<hr/>
CHECK DATE	<hr/>
PAYEE	<hr/>
AMOUNT OF CHECK	<hr/>

TYPE OF CHECK (CIRCLE ONE) HS STUDENT ACTIVITY PAYROLL ACCOUNTS PAYABLE/VENDOR

REQUIRED DOCUMENTATION

Completed W9 to verify social security and/or federal identification number
The W9 can be found on the Town of Holliston website, www.townofholliston.us under forms

THE REPLACEMENT CHECK SHOULD BE MAILED TO THE FOLLOWING:

PAYEE NAME	<hr/>
ADDRESS:	<hr/>
CITY, STATE, ZIP CODE	<hr/>

PLEASE NOTE THAT ALL DOCUMENTATION MUST BE RECEIVED BEFORE A CHECK WILL BE ISSUED.

ONCE WE HAVE RECEIVED THIS SIGNED CLAIM FORM AND SUPPORTING DOCUMENTATION, IT MAY TAKE UP TO SIX (6) WEEKS TO RECEIVE PAYMENT.

CLAIM FORM AND DOCUMENTATION SHOULD BE MAILED TO THE FOLLOWING ADDRESS:

TREASURER/COLLECTOR
TOWN OF HOLLISTON
ATTN: UNCLAIMED PROPERTY
PO BOX 6737
HOLLISTON, MA 01746