



**Town Of Concord  
Unclaimed Check Division**

Kerry A. Lafleur, Treasurer  
22 Monument Square  
P.O. Box 535  
Concord, MA 01742  
Telephone (978) 318-3050  
Fax (978) 318-3093

**Abandoned and Unclaimed Property Claim Form**

**In order for us to process your claim for abandoned property, we need the following:**  
Name, Address, Social Security Number or Federal ID Number, Telephone Number, and Signature

If payee of unclaimed funds is deceased, please provide evidence that the claimant(s) is the executor of the estate. **If all evidence requested is not received, this claim will not be processed**

Payee's Name & Address (please print)  
(as it appears on the website)

Name and Mailing Correction if needed  
(please print)

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

I (we) have not sold, assigned, transferred, pledged this property, given it away, authorized, nor  
empowered any person or persons, corporation, or association to draw any amount on same.

Name of Claimant (please print)

Signature & Date

Social Security Number or FID

Telephone Number

Name of Co-Claimant (please print)

Signature & Date

Social Security Number or FID

Telephone Number

**Important:** Please make a copy of this completed form for your records and and mail the signed form to  
the Town of Concord, Treasury Department, P.O. Box 535, Concord, MA 01742.

For Office Use Only - Please do not write below this line

**Property Description**

**Check Number    Check Date    Check Amount**

Researched by: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_