



**Town of Westwood**  
Commonwealth of Massachusetts  
*Treasurer's Office*  
*580 High Street*  
*Westwood, MA 02090*  
*Fax: 781-329-8030*

## CLAIM FORM

Name & Address (as it appeared on website)

Name & Address Correction (if different) or  
Executor's Name & Address

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

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

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Owner (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

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(s) are authorized executors(s) of the estate. **If all evidence requested by the Treasurer is not received, this claim will not be paid.**

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For internal use only

Unclaimed Check #

Check Date

Check Amount