



NOTE: If all evidence requested not received, this claim will not be paid. The Town reserves the right to require additional information as deemed necessary to substantiate this claim.

Name/Address of Executor/Claimant

☐ 1.) I, _____, swear and attest under the pains and penalties of perjury that I am the person entitled to the return of the paid amount as the only person holding a legal and equitable interest therein.

Telephone Number

☐ 2.) I, _____, swear and attest under the pains and penalties of perjury that I have notified all other persons holding a legal and equitable interest in the said amount and they have authorized me to act on their behalf as ascribed below.

Telephone Number

☐ 2a.) We the undersigned hereby assent to the release of the said property to _____

Signature of Claimant 3

In consideration of the payment to me of said amount, I agree to indemnify the Town of Lunenburg and hold it harmless for and from all claims and loss, costs, damages and expenses which the said Town of Lunenburg may sustain by reason of the turning over of said amount to me and by reason further of it's refusal hereafter to pay the said amount or any part thereof to any other person or persons. I swear and attest that all claims, assertions and signatures made above are true. Futhermore, I understand that if any taxes or fees are due to the Town, these funds may not be released and shall be credited to the specific aforementioned in accordance with MGL Ch.60 §93.

Claimant Signature-Witnessed by a Notary Public

WORCESTER, SS,

DATE: _____

Then personally appeared the above named and made oath that the foregoing statement by his/her subscribed is true, before me,

My Commission Expires:

(Affix Seal Here)

Signature of Notary Public

Name of Notary Public

DO NOT WRITE BELOW THIS LINE - TRESURER/COLLECTOR USE

RE-ISSUED CHECK NUMBER	ISSUED DATE	AMOUNT
_____	_____	_____
_____	_____	_____

CHECK NUMBER	ISSUED DATE	AMOUNT
_____	_____	_____
_____	_____	_____

MEMO: _____