

CLAIM FORM

Names of Persons Appearing to be Owners of Checks Issued by the City of New Bedford, Which Have Not Been Cashied and are Deemed Abandoned

Massachusetts General Laws, Chapter 200A; Section 9A

Written Notification Date: January 13, 2012

Website Posting Date: January 13, 2012

Deadline for Claim: March 13, 2012

Payee Name _____

Please Print

Mailing Address _____

Please Print

If information above differs from original check, check reason below:

- Original Payee is deceased and claimant Payee has legal claim to check
(Copy of legal documents must be provided as proof of claim).
- Change of residence/business mailing address since original check date.

I understand that if there is a tax delinquency with the City of New Bedford for either the original payee or the claimant, the tax liability will be paid first and any remaining money will be reissued.

Signature of Claimant (Required to claim check)

Date _____

Office Use Only

Tax Liability Yes No

Tax Amount \$ _____

Reissued Check Amount \$ _____

Check #	
Check Date	
Vendor Name	
Check Amount	