



Town of Mansfield
6 Park Row, Mansfield, Massachusetts 02048
Treasurer/Collector
Jacqueline Boudreau

ABANDONED PROPERTY CLAIM FORM

Deadline for Claim: 08/17/2020

Name and Address (as it appeared on notice)	Name and Address Correction (if Different) or Executor's Name and Address

Pursuant to MGL Chapter 60, Section 93: Funds may not be released if it is discovered that any taxes or fees are due to the Town of Mansfield from the individual(s) or business entity submitting this claim.

Claimant must sign below. If more than one individual/business is entitled to the abandoned property, both must sign below. Signer(s) declare, under penalties of perjury, that their claim to ownership is true, absolute and complete. All information requested must be received before any claim will be paid.

Signature of Claimant (required)

Date

Signature of Co-Owner (if applicable)

Date

(_____) _____
Telephone Number

An original signature is required. Electronic copies, photocopies, and faxed copies will not be accepted.

Submit claim to: Town of Mansfield, Treasurer's Office, 6 Park Row, Mansfield, MA 02048

(To be completed by Treasurer's Office)

Check Number:

Date:

Amount: