



Town of *Dracut*  
MASSACHUSETTS

**Treasurer's Office**  
Town Hall  
62 Arlington St  
Dracut, MA 01826  
Phone: 978-454-8262

Carol Briggs  
Treasurer

Tel: 978-454-8262

## Abandoned and Unclaimed Funds Form

Name and Address

---

---

---

Name and Address Correction or Executor's  
Name and Address

---

---

---

Check Number:      Date Issued:      Amount:

---

---

---

Claimant must sign below. Under penalties of perjury, I declare that my claim of ownership of these funds is absolute, and complete.

Signature of Claimant

Date

Signature of Executor (if applicable)

Date

Telephone

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 claimant(s) are authorized executor(s) of the estate. **If all evidence requested by the Treasurer is not received, this claim will not be paid. The Town of Dracut reserves the right to require additional information it deems necessary to substantiate a claim.**

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

Mail or bring this completed form to:

Town of Dracut  
Treasurer's Office  
62 Arlington Street  
Dracut, MA 01826

---

**(FOR OFFICE USE ONLY** to be completed by Treasurer's Office)

Check Number:

Date:

Amount:

62 Arlington Street, Dracut, MA 01826