



# TOWN OF SHARON

## OFFICE OF THE Treasurer/Collector

Lisa Clark  
Treasurer/Collector

90 SOUTH MAIN ST.  
SHARON, MASSACHUSETTS 02067

TEL. (781) 784-1500 X1200  
FAX (781) 784-1518

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Our records indicate that an uncashed check belongs to the person(s)/business whose name appears above. Under Massachusetts General Law Chapter 200A § 9A this notice is an attempt to inform the apparent owner of the uncashed check below the process necessary to rebut the presumption of abandonment. Unclaimed funds will be credited to the town's general treasury if the apparent owner fails to respond. However, prior to returning the funds to the general treasury, we attempt to reach the owner of the property to determine the validity of the claim and reissue the funds due.

Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_ Amount: \_\_\_\_\_

If you are **not** the person(s)/business addressed above, please disregard this letter as the last known address we have on file may be an old address. This check will be reissued ONLY to the person/business name listed at the top of this letter. An exemption will be granted if the stated person is deceased, the person has changed names or the business name has changed, the business is no longer active or has been dissolved. If the person's name has changed, please provide legal documentation (e.g. Marriage Certificate, Divorce Decree, Court Documents). If the person named above is deceased, and you are entitled to these funds please send copies of legal documentations (e.g. Death Certificate and Last Will/Power of Attorney, etc). If the business name has changed, or the business is no longer active or has been dissolved you will have to attach copies of documents sufficient to prove the name change, merger, acquisition, or dissolution (e.g. Copy of the Merger, Articles of Incorporation, Articles of Dissolution, etc).

Make a copy of the claim form for your records and return the completed form by December 16, 2016 along with all necessary documentation to the address below. If you have any questions please call (781) 784-1500 ext 1200 and have the check number on the top of the form available to expedite your call.

Mail to:  
Town of Sharon Treasurer's Office  
90 South Main St  
Sharon, Ma 02067

I am the person/company named above and I would like to claim this amount. Please send me a check. (please print clearly below and allow 60 days for the processing of the new check.

Claimant must sign below (if more than one person is entitled to the property both must sign.) Fraud or misrepresentation may result in criminal prosecution.

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

\_\_\_\_\_  
Signature of claimant Date Daytime Phone Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address (where check should be sent) Signature of Co-Owner (if Applicable)

\_\_\_\_\_  
Company Name (if claiming on behalf of a business) Title of person completing this form