



**TOWN OF PEMBROKE**  
OFFICE OF THE TREASURER-COLLECTOR

Kathleen McCarthy  
Treasurer-Collector

**Abandoned check Claim Form**

Name:

(As it appears on website)

\_\_\_\_\_

Current Name & Address:

Or Executor's Name & Address

\_\_\_\_\_

\_\_\_\_\_

Contact Tel #:

\_\_\_\_\_

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

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 Pembroke reserves the right to require additional information it deems necessary to substantiate the claim.**

(FOR OFFICE USE ONLY – to be completed by Treasurer's office)

Check Number:

\_\_\_\_\_

Date:

\_\_\_\_\_

Amount:

\_\_\_\_\_

100 Center Street, Pembroke, MA 02359  
Telephone: 781-293-2671 – Fax: 781-294-9310 – Email: [treasurer@TownofPembrokemass.org](mailto:treasurer@TownofPembrokemass.org)  
Web: [www.pembroke-ma.gov](http://www.pembroke-ma.gov)