



Town of Pembroke

Kathleen McCarthy

Treasurer/Collector

Abandoned Check Claim Form

Name: _____
(As it appears on website)

Current Name & Address: _____
(Or Executor's Name & Address)

Contact Telephone #: _____

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

Signature of Claimant (or Executor)

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 #: _____ Payee: _____ Issue date & warrant #: _____ Amt: _____