Town of Pembroke
Treasurer's Office
100 Center St.
Pembroke, MA 02359
Office: 781-293-3893
Fax: 781-294-9310

Abandoned Check Claim Form

Claimant's Name: _____
(As it appears on the website)

Current Name: _____
(If Executor, please include executorship documentation when submitting claim)

Current Address: _____

_____

_____

_____

Contact Telephone #: _____

Contact Email Address: _____

Check #	Original Check Issue Date	Check Amount

Under penalties of perjury, I (we) declare that my (our) claim of ownership to the property is true, absolute, and complete. I understand the Town of Pembroke will issue a replacement check upon receiving this completed form and satisfactory documentation if requested by the Treasurer's Office.

Signature_____ Date:_____