



Town of Rowley

Massachusetts 01969

Karen H. Summit
TREASURER / COLLECTOR
139 Main Street • PO Box 347
Rowley, MA 01969

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treasurer@townofrowley.org

ABANDONED and UNCLAIMED FUNDS FORM

Name and Address

Name on Check

Date Issued

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 Number & Email Address

You must provide your name, address, telephone number and signature for your claim to be processed. If the payee of unclaimed funds is deceased, please provide evidence that all claimants are authorized executors of the estate. **If all requested information is not received, this claim will not be paid. The Town of Rowley reserves the right to request additional information it deems necessary to substantiate a claim.**

An original signature is required. Mail or bring completed form to:

Treasurer/Collector's Office/Town of Rowley/PO Box 347/Rowley, MA 01969