



TOWN OF WAKEFIELD

OFFICE OF THE TOWN TREASURER

Abandoned and Unclaimed Funds Form

Please return this form to the office of the Town Treasurer accompanied by a copy of a valid photo ID. 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 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 Wakefield reserves the right to require additional information it deems necessary to substantiate a claim.

Name as it appears on the Unclaimed Funds List: _____

Current name or personal representative: _____

Current address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

An original signature is required. Electronic copies, photocopies, or faxed copies will not be accepted.

Signature of Claimant Date

Signature of Personal Representative (if applicable) Date

For Treasurer's Use Only

Check Number Date Amount

