



City of Springfield
 Office of the Treasurer
 Unclaimed Property Division

Abandoned Property Claim Form

PLEASE COMPLETE ALL BLANK SPACES

Name:	
Date Requested:	
Phone Number:	
Mailing Address:	
E-Mail Address:	

Original Check Information:

Individual/Business Name:	
Original Check Number:	
Account Code (Internal):	
Amount Uncashed:	
<hr/>	
Individual/Business Name:	
Original Check Number:	
Account Code (Internal):	
Amount Uncashed:	

Pursuant to **MGL Chapter 60 § 93**: Funds may not be released if it is discovered that any taxes or fees are due to the City of Springfield from the individual or business entity submitting this abandoned property claim. All requests will be researched through the Office of the Treasurer and the Office of the Collector of the City of Springfield. If outstanding taxes or fees are due: all or a portion of the requested funds may be retained and applied to the outstanding bills.

Claimant must sign below. If more than one individual/business is entitled to the abandoned property, both must sign below. Signer(s) declare, under the penalties of perjury, that their claim to ownership of this abandoned property is true, absolute, and complete. All information requested must be received before any claim will be paid. Payment may take up to eight (8) weeks to process.

Signature of Claimant (1): _____ **Date:** _____ **SSN/FIN:** _____

Signature of Claimant (2): _____ **Date:** _____ **SSN/FIN:** _____
 (If applicable)

Forward completed form to the **City of Springfield – Office of the Treasurer**
Abandoned Property Division ▪ 36 Court Street Room 110 ▪ Springfield, MA 01103