



**TOWN OF CANTON
801 WASHINGTON STREET
CANTON, MA 02021**

UNCASHED CHECK CLAIM FORM

Please make a copy of the claim form for your records and return the completed form to the address below. If you have any questions please call Ellen Jones at 781-575-6610.

**Town of Canton
Attn: Finance Director
801 Washington Street
Canton, MA 02021**

Claimant must sign below. Fraud or misrepresentation may result in criminal prosecution.

I understand that the Town of Canton advertised in the Canton Citizen on September 24, 2015 a listing of unclaimed checks. By completion of this form in its entirety I make claim to the uncashed check listed below and understand that the date to make a claim to this uncashed check must be made by September 24, 2016 (one year from date of legal ad).

PLEASE SIGN BELOW TO ACKNOWLEDGE CLAIM TO THE CHECK(S).

Name _____

Address _____

City, State, Zip Code _____

Federal Tax ID / Social Security Number _____

Phone _____ Email _____

SIGNED _____ DATE _____

<u>Vendor #</u>	<u>Check #</u>	<u>Check Date</u>	<u>Check Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____