



**City of New Bedford
Office of the Treasurer-Collector**

R. Renee Fernandes, Treasurer
133 William Street
New Bedford, MA 02740
Telephone (508) 979-1430
Fax (508) 961-3078

ABANDONED AND UNCLAIMED PROPERTY CLAIM FORM

In order for us to process your claim for abandoned property, we need the following:
Name, Address, Social Security Number or Federal ID Number, Telephone Number and Signature
We will not be able to process your claim unless all of this information is provided.

If payee of unclaimed funds is deceased, please provide evidence that the claimant(s) is the executor of the estate.
If all evidence requested is not received, this claim will not be processed.

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 New Bedford from the individual or business entity submitting this abandoned property claim. All requests will be researched through the Office of the Treasurer-Collector. If outstanding taxes or fees are due, all or a portion of the requested funds may be retained and applied to the outstanding bills.

Payee's Name & Address (as it appears on the website)

Claim Number

Payee's Name & Address, if different

Claimant must sign below (if more than one person is entitled to the property both or all must sign).
Under penalties of perjury, I (we) declare that my (our) claim of ownership to this property, given it away, authorized,
nor empowered any person or persons, corporation, or association to draw any amount on same.

Name of Claimant (please print)

Signature & Date

Social Security Number or FID

Telephone Number

Name of Co-Claimant (please print)

Signature & Date

Social Security Number or FID

Telephone Number

Important: Please make a copy of this completed form for your records and mail the signed form to the
City of New Bedford, Treasurer's Office, 133 William Street, New Bedford, MA 02740

For Office Use Only - Please do not write below this line

Check Number

Check Date

Check Amount

Researched By:

Date:

Approved By:

Date: