

ABANDONED PROPERTY REQUEST FORM
TOWN OF DENNIS
TREASURER/COLLECTOR'S OFFICE
P.O. BOX 2060
SOUTH DENNIS, MA 02660

In an effort to assure the proper disbursement of abandoned property to valid claimants please complete the following information:

DATE OF REQUEST _____

AMOUNT _____ TYPE OF ORIGINAL PAYMENT _____

NAME _____

CURRENT ADDRESS _____

PREVIOUS ADDRESS (if applicable) _____

METHOD OF NOTIFICATION _____

By signing this form, I acknowledge that I am entitled to the funds stated above which were originally issued by the Town of Dennis. I have made claim to these abandoned funds and provided the information necessary to ascertain current ownership of these funds.

PLEASE PRINT NAME _____

SIGNATURE _____