



TOWN OF BURLINGTON *Treasurer & Collector's Office*

Unclaimed Funds Form

Please return this form to the office of the Treasurer/Collector 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 Burlington reserves the right to require additional information it deems necessary to substantiate a claim.

Name as it appears on the Unclaimed Funds List: _____

Personal representative (if applicable): _____

Current address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Signature of Claimant Date

Signature of Personal Representative (if applicable) Date

For Office Use Only

EE #: _____ Name: _____ Check #: _____ Date: _____

Amount: _____ Void Date: _____ Re-Issue #: _____