

The City of Lowell, Treasurer's Office
375 Merrimack Street Rm 30 • Lowell, MA 01852
P: 978.674.4222 • F: 978.970.4221
www.lowellma.gov

Theodoros Panagiotopoulos, City Treasurer/Collector

INFORMATION AND INSTRUCTIONS FOR CLAIMING OUSTANDING FUNDS

Claimant must sign attached Indemnification Agreement form (if more than one person is entitled to the property, all must fill out and submit an Indemnification Agreement form.) Fraud or misrepresentation may result in criminal prosecution.

Checks will be reissued ONLY to the person(s), trust, or business whose name(s) is listed on the check.

An exemption will be granted if the stated person is deceased, or the person has changed names.

Claimants must submit a copy of a valid ID with this agreement. If the person's name has changed, please provide legal documentation (e.g. Marriage Certificate, Divorce Decree, and Court Documents). If the person named is deceased and you are entitled to these funds, please send copies of legal documentations. (e.g. Death Certificate and Last Will/Power of Attorney, etc.)

Checks issued to trusts will require legal documentation identifying all trustees, will require all trustees to provide a signed Indemnification Agreement form, and the identification of all trustees.

Checks issued to businesses must have a letter on the business's letterhead identifying the person signing the Indemnification Agreement has the authority to do so on behalf of the business.

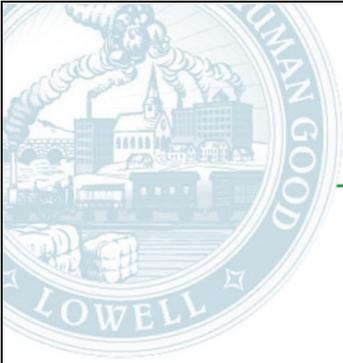
The Indemnification Agreement along with all necessary documentation (if applicable) should be mailed, delivered in person, or emailed to the address or email listed below. If you have any questions, please call 978-674-1701 and ask for Donna. Please have the check number available to expedite your call.

(Please print clearly on all forms and allow 60 days for the processing of the new check).

Mail/Hand Deliver To:
City of Lowell
Treasurer's Office
375 Merrimack St
Lowell, MA 01852

or Email to:
PAYONLINE@lowellma.gov
Subject: Outstanding Check/Unclaimed Funds

Please list name, date of check, and check amount that is being claimed below.



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INDEMNIFICATION AGREEMENT

I _____, under the penalties of perjury, hereby
(print name legibly)
certify that I am entitled to the following funds as the only person holding a legal and equitable interest therein:

(Description of Funds and reason for not claiming funds in a timely manner)

Check made payable to: _____

In consideration of the payment to me of the claimed amount, I agree to indemnify the City of Lowell and the Treasurer of the City of Lowell and hold it harmless for and from all claims and loss, costs, damages, and expenses in the event it is later determined that the claimant is not entitled to receipt of these funds.

NAME: _____

CURRENT ADDRESS: _____

SIGNATURE

DATE

Prior to the escheat of the funds, the Treasurer shall hear all claims on funds that may arise and if it is clear, based on a preponderance of the evidence available to the treasurer at the time the claim is made, that the claimant is entitled to disbursement of the funds, the treasurer shall disburse funds to the claimant upon receipt by the Treasurer of a written indemnification agreement from the claimant. If it is not clear, based on a preponderance of the evidence before the Treasurer at the time of the claim that the claimant is entitled to the disbursement of the funds, the Treasurer shall segregate the funds into a separate, interest-bearing account and shall notify the claimant of such action within 10 days. A claimant affected by this action may appeal within 20 days after receiving notice thereof to the district, municipal or superior court in the county in which the city, town or district is located. The claimant shall have a trial de novo. A party adversely affected by a decree or order of the district, municipal or superior court may appeal to the appeals court or the supreme judicial court within 20 days from the date of the decree.

For Treasurer Use Only:

Check Number: _____ Date of Check: _____ Amount of Check: _____