

Notice of Names of Persons Appearing to be Owners of Checks Issued by Town of Norton, Which Have Not Been Cashied and are Deemed Abandoned

Massachusetts General Laws, Chapter 200A, Section 9A

Roy Belcher 120 Burt Street Norton, MA 02766 \$135.78

Melissa Hughes 48 Goldenwood Drive Norton, MA 02766 \$704.56

Richard & Candice Jeanetti 196 John B Scott Blvd. Norton, MA 02766 \$833.20

Michelle Le 50 Mansfield Avenue Norton, MA 02766 \$750.00

Rosemary Le 50 Mansfield Avenue Norton, MA 02766 \$100.00

Rosemary Le 50 Mansfield Avenue Norton, MA 02766 \$750.00

Rosemary Le 50 Mansfield Avenue Norton, MA 02766 \$2,000.00

George W. McAuliffe 16 Cedrus Road Sharon, MA 02067 \$113.95

Pascale Service Corp. 51 Delta Drive Pawtucket, RI 02861 \$263.28

Derek Sirtoli 11 Fairlee Lane Norton, MA 02766 \$167.00

James P. Tyler Jr. 19 Hill Street #17 Norton, MA 02766 \$307.55

Robert & Margaret Wilson 12 Crowe Farm Lane Norton, MA 02766 \$267.23

Persons expressing an interest in a check listed above should contact Jacqueline Boudreau, Treasurer for the Town of Norton at 70 East Main Street, Norton, MA 02766. Phone: (508) 285-0226.

Deadline to file claim form is January 7, 2013. To submit a claim, complete the claim form below and forward to the Treasurer's Office at the Norton Tall Hall.

CLAIM FORM

Names of Persons Appearing to be Owners of Checks Issued by the Town of Norton, Which Have Not Been Cashed and are Deemed Abandoned

Massachusetts General Laws, Chapter 200A: Section 9A

Written Notification Date: November 1, 2011
Website Posting Date: November 1, 2011
Ad (Sun Chronicle) January 6, 2012
Deadline for Claim: January 7, 2013

Payee Name _____

Please Print

Mailing Address _____

Please Print

If information above differs from original check, check reason below:

- Original Payee is deceased and claimant Payee has legal claim to check
- Change of residence\business mailing address since original check date

I understand that if there is a tax delinquency with the Town of Norton for either the original payee or the claimant, the tax liability will be paid first and any remaining money will be reissued.

(Required to claim check)

Signature of Claimant

Date _____

Office Use Only:

Tax Liability - Yes No

Tax Amount - \$ _____ (Attach POS balance sheet)

Reissued Check Amount - \$ _____

Check #	
Check Date	
Vendor Name	
Check Amount	