



**ANNUAL COMPLIANCE REPORT OF UNCLAIMED PROPERTY  
SAFE DEPOSIT BOX COVER SHEET**

*This Page and Box Inventory Sheet(s) Must Accompany Shipment*

Date \_\_\_\_\_ Holder Name \_\_\_\_\_

Shipment Delivery Date \_\_\_\_\_ Report Year \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State of Incorporation \_\_\_\_\_

State \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

When / if successor to a previous holder of the property – or if business/organization has undergone a name change – indicate below any prior name(s) and address(es):

Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

The undersigned, (print name) \_\_\_\_\_, being duly sworn on oath, deposes and says that he/she has caused to be prepared and has examined this report of \_\_\_\_\_ pages, pertaining to (enter number of boxes) \_\_\_\_\_ safe deposit boxes, regarding property presumed abandoned under the Vermont Statutes Annotated, Title 27, Chapter 18 for the year ending as stated, and that he/she, acting as a duly authorized representative of \_\_\_\_\_, declares in accordance with Title 13, Chapter 67, Section 3016 'False Claims', that, to the best of his/her knowledge and belief, said report is a true and complete statement of all abandoned property held by the HOLDER at the close of business on this date, except such items that have, since said date, ceased to be abandoned.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**NOTARY** \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_



## SAFE DEPOSIT BOX INVENTORY REPORT

### Unclaimed Safe Deposit Box Contents

*Include This and All Other Inventory Report Pages with the Safe Deposit Box Cover Sheet*

Holder Name \_\_\_\_\_

Safe Deposit Box No. \_\_\_\_\_

Date of Abandonment \_\_\_\_\_

CHARGES	
Rental	_____
Opening	_____
Total	_____
DRILL DATE	
_____	

### Owner(s) Information

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NO.
_____	_____	_____	_____
MAILING ADDRESS	STREET _____		
	CITY _____	STATE _____	ZIP _____

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NO.
_____	_____	_____	_____
MAILING ADDRESS	STREET _____		
	CITY _____	STATE _____	ZIP _____

SAFE DEPOSIT BOX CONTENTS			
CODE	QUANTITY	DESCRIPTION OF CONTENTS	
1			
2			
3			
4			



### SAFE DEPOSIT BOX INVENTORY REPORT

SAFE DEPOSIT BOX CONTENTS		
CODE	QUANTITY	DESCRIPTION OF CONTENTS
5		
6		
7		
8		
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10		
11		
12		
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