



Vermont State Treasurer's Office – Unclaimed Property Division

109 State Street, Montpelier, Vermont 05609-6200

Phone: 802-828-2407 Fax: 802-828-2884

BOX COVER SHEET

Report of Unclaimed Safe Deposit Boxes

Affix This Report To Outside of Safe Box
Do NOT Put Inside Box

Date:	Holder Name:
For the Year:	
Federal Tax ID Number:	Contact Person:
Address:	Telephone:
City:	State of Incorporation:
State:	Date of Incorporation:
The foregoing address is that of the	<input type="checkbox"/> Main Office <input type="checkbox"/> Branch

If you are the successor to a previous holder of the property, or if you have changed your name, please list prior name(s) below:

1. NAME: _____

ADDRESS: _____

2. NAME: _____

ADDRESS: _____

State of _____ **County of** _____

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, totaling \$ _____, as to property presumed abandoned under the Vermont Statutes Annotated, Title 27, Chapter 13 for the year ending as stated and that he/she acting as 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 or owing by the HOLDER at the close of business on this date, except such items as have since said date, ceased to be abandoned.

Signature & Title: _____

Notary: _____

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