



**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 13 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 _____