

CHECK # _____

AMOUNT _____

NAME _____

PLEASE PRINT

ADDRESS _____

SIGNATURE _____

PHONE # _____

THE INTENT OF THIS FORM IS TO VERIFY THAT YOU HAVE NEVER CASHED NOR RECEIVED A REIMBURSEMENT ON THE ABOVE REFERENCED CHECK. IF THE TOWN FINDS THAT A DUPLICATE PAYMENT HAS BEEN ISSUED, WE RESERVE THE RIGHT TO COLLECT ON THE DUPLICATE PAYMENT.

PLEASE ALLOW (2) WEEKS FOR PROCESSING THROUGH OUR PAYABLES SYSTEM. ANY FURTHER QUESTIONS CAN BE DIRECTED TO MY ATTENTION AT (508)747-1620 EXT. 167 OR PATTY AT EXT 168.

CHRISTINE J EDMINSTER
ASST. TREASURER