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Unclaimed Checks Form

Our records indicate a check made payable to you, as referenced above, has never been cashed. In order for a replacement check to be issued you will need to certify that you have not cashed or received a reimbursement for the check in question. If the District finds that a duplicate payment has been issued to you, we reserve the right to collect any funds owed to the District.

Please sign and return this form to the Office of the Treasurer as certification that you have not received the funds and are requesting a replacement check.

I, _____ hereby certify under pains and penalties of perjury that I have not received the check in question or a reimbursement of the same and I am entitled to receive a replacement check.

Signature 1

Date

Tax id or SS#:

Telephone and Email

Signature 2 (if applicable)

Date

Telephone:

Mailing Address:

We need the following to process your claim Name, Address, SS# or Tax ID#, Telephone #, and Signature(s) If all information is not completed, the claim will not be processed

Please allow two weeks for processing a replacement check. Should you have any questions regarding this matter, please do not hesitate to contact the office at 978-597-8713 extension 1401 or 1404

Sincerely,

Michael Hartnett
District Treasurer

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

CHECK NUMBER: _____ **DATE:** _____ **AMOUNT:** _____ **DESCRIPTION:** _____

66 Brookline Street, Townsend, MA 01469 | TEL: 978-597-8713 | EXT. 1200 | FAX: 978-597-6534 | www.nmrsd.org

The North Middlesex Regional School District does not discriminate in admission to, access to, treatment in, or employment in, its services, programs, and activities, on the basis of race, color, national origin, sex, religion, gender identity, sexual orientation, disability, homelessness, or age.