



Claims Form
Office of the Mayor
718 Main Street
Fitchburg, MA 01420
978-829-1801

Claimant: _____ Home Phone: _____

Address: _____ Business Phone: _____

Date and Time of Incident: _____ Cell Phone: _____

Location of Incident (Street name, number, and/or nearest intersection): _____

Type of Accident: () Injured Person () Property Damage () Automobile Accident

1. Name & Address of Person to whom notices should be sent to (if other than claimant):

2. Description of the incident, including your reason for believing that the City is liable for your damages:
(Please attach additional pages if necessary)

Name and address of any witnesses: _____

3. What sum do you claim? *(A professional estimate of cost for repairs or replacement to be attached to this form)*

Description of Estimate or Bill	Amount
	\$
	\$
	\$

(Attach additional pages if necessary)

Total: \$ _____

4. Will you provide photos to support your Claim? () Yes () No
*- Photos provided will not be returned, please make a copy for your own records or
 - e-mail photos (no more than five) to vpusateri@pusaterilaw.com include your name and date of loss*

5. Police report filed? () Yes or () No 6. If yes, is the report included in this claim? () Yes () No

Signature of Claimant: _____

Date: _____

******Please keep a copy of this claim for your records. No photocopies will be provided.******

**FILE THIS FORM AND ANY ATTACHMENTS WITH
OFFICE OF THE MAYOR, CITY HALL – 718 MAIN STREET, FITCHBURG, MA 01420**