

Claim #: _____ Amount of Claim: _____

City Dept. Affiliated w/Claim: _____

City of Melrose Claim Form

1. Claimant's Name: _____

2. Claimant's complete address: _____

3. Telephone: Day _____ Evening _____

4. Nature of Claim: (Auto Accident, Slip and Fall on Public Way, Pothole, Sewer, Water, etc.)

5. Date and Time of Incident: _____

6. Exact Location of Incident: _____

7. Circumstances of Incident: (Attach additional page if necessary)

8. Have you contacted your Insurance Company? Yes _____ No _____

9. Attorney/Insurance Company: _____

Address: _____

Telephone #: _____

Policy #: _____ Deductible: _____

10. Police Incident Report: Yes _____ No _____ Attached _____

11. Repair Receipt/Itemized Estimate: Yes _____ No _____ Attached _____

I swear that the facts stated above are true to the best of my knowledge.

Signature of Claimant(s) _____ Date: _____

_____ Date: _____

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS