In City Council Referred to the Committee on Ordinances, Licenses and Legal Affairs

**CLAIM**

PLEASE PRINT ALL INFORMATION

To: City Clerk

 City Council

 Salem City Hall

93 Washington Street

Salem, MA 01970

Date of Accident: Time: AM PM

Location of Accident:

 (exact location – street or streets)

Auto (if applicable):

 (Year) (Make) (Model)

Complete description of damage/injury

Complete description of incident:

Total cost incurred: $ (NOTE: This figure must represent the total amount being requested by the claimant, as this figure, as submitted, will be the only amount under consideration by the Claims Committee. Vehicular Claims will be rejected if this item is not filled in. It is the responsibility of the claimant to provide the Claims Committee with complete and accurate figures at time of filing this claim. All Claims must be filed within 30 days from the date of the incident.)

 (Print Name) (Signature of Claimant)

 (Street Address)

 (City, State & Zip) (Tel. No.)

 (email address)