FORM FOR CLAIM AGAINST THE CITY OF HOLYOKE

***Please fill out form, attach all required documentation, and mail or deliver to the City Clerk’s Office***

Name:__________________________________ Phone:____________________________

Address:___________________________________________________________________________

City:________________________________ State:________________ Zip:________________________

Date and Time of Incident: ____________________________________________________________

Exact Location of Incident: ____________________________________________________________

Documentation Required with form:

- Itemized receipts of damage(s)
- Itemized paid bills, cancelled checks, etc. as proof of payment for the damage(s)
- Photographs of damage(s), if available. Please include your name and address on each photograph provided
- Photographs of the defective sidewalk, street, or roadway, if available
- Witness Statements, if available

Filing Fee: $15

Payment by: □ Check/Money Order □ Cash □ Debit/Credit

Type of loss: □ Property Damage □ Personal Injury □ Other: ________________________________

Please complete form on other side →
Describe how the incident occurred:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Describe injury/property damage: __________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Names, addresses and telephone numbers of all witnesses (if any):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Claim Amount for: Personal Injury $__________ Property Damage $__________
Total Claim Amount: $__________

By signing my name below, I affirm, verify and declare that the statements made in this form and its supporting materials (if any) are true, accurate and complete.

Signature:___________________________________________
Date:__________________________

ALL CLAIMS MUST BE FILED WITH THE CLERKS OFFICE WITHIN 30 DAYS OF THE INCIDENT

PLEASE BE ADVISED THAT THE CLAIMANT MAY BE REQUIRED TO PROVIDE EVIDENCE OF A CLAIM WITH THEIR INSURANCE CARRIER REGARDING THIS CLAIM.

PLEASE ALLOW A MINIMUM OF SIX (6) WEEKS FOR PROCESSING YOUR CLAIM. YOU WILL BE NOTIFIED OF THE CITY’S DETERMINATION.