

In City Council _____

Referred to the Committee on Ordinances,
Licenses and Legal Affairs

CLAIM

PLEASE PRINT ALL INFORMATION

To: Salem City Council
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 accident: _____

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.)