

**CITY OF HOLYOKE
HOLYOKE, MASSACHUSETTES 01040-1041**



**Office of the City Clerk
536 Dwight Street
Holyoke, MA 01040**

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.