

CLAIM AGAINST THE CITY OF HOLYOKE

INSTRUCTIONS

On the reverse side of the sheet is a "City of Holyoke - Claim Form." The original signed claim form, together with one copy of all attachments (Receipts for Repair, Estimates for Damages, Pictures etc.), are to be filed with the Office of the City Clerk. Retain one copy for your records.

WE REQUIRE COPIES OF THE FOLLOWING DOCUMENTS:

- ✓ ITEMIZED STATEMENTS OF ESTIMATES OF DAMAGES.
- ✓ ITEMIZED PAID BILLS, CANCELLED CHECKS, ETC. AS PROOF OF PAYMENT FOR THE REPAIR OF THE DAMAGE.
- ✓ PHOTOGRAPHS OF DAMAGE DONE TO THE VEHICLE OR PROPERTY, IF AVAILABLE, WITH YOUR NAME AND ADDRESS PRINTED CLEARLY ON THE BACK OF EACH ONE SUBMITTED.
- ✓ PHOTOGRAPHS OF THE DEFECTIVE SIDEWALK, STREET, OR ROADWAY, IF AVAILABLE.
- ✓ WITNESS STATEMENTS, IF AVAILABLE.

Mail the completed claim form with all attachments to this address:

Office of the City Clerk
536 Dwight Street
Holyoke MA. 01040

OR

Deliver the completed claim form with all attachments to this address:

Office of the City Clerk
536 Dwight Street
First Floor,
Holyoke MA. 01040

Business Hours: Monday-Friday, 8:30 AM-4:30 PM
Closed on Weekends and Official City of Holyoke Holidays

IMPORTANT NOTICE:

- 1) The City Clerk's Office is the **ONLY** office to which claims may be submitted. Claims are **NOT** to be sent to the City Solicitor or any other City Department.
- 2) All claims must be filed with the City Clerk within **30 days** of the date of the incident.

Please fill out claim form completely. Missing information will delay the processing of your claim. Be sure to sign the form and please print.

*****ALL CLAIMS ARE PUBLIC RECORD*****



CLAIM AGAINST THE CITY OF HOLYOKE

**** PLEASE READ THE INSTRUCTIONS ON THE OTHER PAGE FIRST ****

Name of Claimant _____
(First Name) (Middle Name) (Last Name)

Home Address _____
(Street Address) (City) (State) (Zip Code)

Phone Number _____
(Daytime) (Evening) (Cell Phone)

Type of Loss: Personal Injury Property Damage
 Other (Please explain) _____

When did injury or damage occur? _____ AM / PM
(Month/Day/Year) (Day of the Week) (Time)

Where did injury or damage occur? (Street address, intersecting streets, or other location) _____

How did injury or damage occur? (Describe accident or occurrence) _____

(If additional space is required, use an additional sheet of paper and attach it with the rest of your documents)

Name of any witnesses _____
(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Amount Claimed for *Personal Injury* \$ _____ *Property Damage* \$ _____

Total Amount Claimed \$ _____

Signature of Claimant

Date

Note: Please attach copies of all supporting documentation for the amount claimed.