

**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: _____

Weather conditions at the time of the incident: ___ Snow ___ ice ___ rain

Did you see the Pothole: ___ YES ___ NO

Condition of the road: ___ Snow covered ___ Icy ___ Wet ___ Dry ___ Clean

Speed immediately prior to the Incident: _____

What steps did you take to avoid the Incident: _____

Have you made a claim to an Insurance Company? If YES, please provide the following information:

Name of Insurance Company: _____ Policy Number: _____

Insurance Agent, Address and Phone No. _____

Date of Claim Filed: _____ Amount of Claim: _____

Amount of funds received: _____ Date of funds received: _____

Filing Fee: \$15 Payment by: Check/Money Order Cash Debit/Credit

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

Type of loss: Property Damage Personal Injury Other: _____

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: \$ _____

I hereby certify under penalties and perjury of law that the information given above is true to the best of my knowledge and belief. I hereby authorize the release of all information requested by the City of Holyoke relative to the above stated incident and claim. I also understand that if my claim is successful, any monies owed to me may be offset by any monies that I may owe the City of Holyoke pursuant to MGL Ch. 60 Section 93.

Date of Claim: _____

Signature: _____

Home Telephone #: _____ Work or Cell Phone # _____

ALL CLAIMS FOR DEFECT IN A PUBLIC WAY 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 REVIEW AND DETERMINATION.