CITY OF WORCESTER CLAIM FORM

1.   Claimant's name: _____

2.   Claimant's complete address: _____

3.   Telephone number: _____   _____
                              (Work)   (Home)

4.   Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):

     _____

5.   Date and time of accident: _____

6.   Exact location of incident: (include as much detail as possible):

     _____

  Vehicle: Year_____   Make _____Model_____Mileage _____

7.   Circumstances of the incident:

     _____
     _____

8.   Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:

     _____

9.   Amount of damages claimed: _____

Be sure to attach the original of any bills incurred or any written estimates of repair or replacement costs. **(Any documents that you provide will become the property of the City of Worcester. Therefore, it is suggested you keep copies of any such documents for your files.)** Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

       I swear that the facts stated above are true to the best of my knowledge.

Date: _____   Claimant's signature: _____

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident.

Return this form to: City Clerk, City Hall Room 206, 455 Main Street, Worcester, MA 01608.

For further advice as to the procedure for filing your claim, you should consult a private attorney. **NOTE**: In the event your claim is denied by the City of Worcester, you have the right to request a hearing before the Claims Committee. You must request this hearing in writing to the Law Department, City Hall Room 301, 455 Main Street, Worcester, MA 01608, and you must be prepared to appear in person on the date that the hearing is scheduled.
PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Revised 4/06

Print Form