

Office Use	
Date:	_____
Time:	_____
Recd:	_____

CLAIM PETITION – MOTOR VEHICLE LOSS

Name of Owner: _____ Telephone No.: _____

Address of Owner: _____

Date of Occurrence: _____ Time: _____ (circle) A.M. P.M.

Damage occurred on _____ Traveling _____
Street or Avenue Direction
 at _____ m.p.h., in front of _____
Speed Exact Location

COMPLETE THE FOLLOWING INFORMATION:

Describe Accident: _____

Please attach separate sheet if necessary.

Describe Damages: _____

Amount of Claim: \$ _____

I HEREBY CERTIFY THAT I FILED THIS DOCUMENT WITH THE CITY CLERK ON:

_____ *SIGNATURE* _____ *DATE*

YOU MUST SUBMIT 2 ESTIMATES AND/OR BILLS

PLEASE ATTACH PHOTOS AND A POLICE REPORT, IF AVAILABLE.

PURSUANT TO STATE LAW (R.I.G.L. 24-5-13) AND CITY ORDINANCE (§ 351-67), ALL POTHOLE CLAIMS MUST BE FILED WITHIN SEVEN (7) DAYS OF THE INCIDENT.