

**CLAIM PETITION - MISCELLANEOUS
(FOR CLAIMS OTHER THAN MOTOR VEHICLE)
PAWTUCKET, RHODE ISLAND**

Name: _____

Address: _____

City _____ State: _____ Zip Code _____

Email: _____ Telephone: _____

Date of Incident: _____ Time: _____ A.M. P.M.
Month Day Year Circle

Place of Incident: _____

State reason for this Claim: _____

Describe Damages: _____

Amount of Claim: \$ _____

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

SIGNATURE

DATE

**YOU MUST SUBMIT TWO (2) ESTIMATES OR A PAID BILL
PLEASE ATTACH PHOTOS AND A POLICE REPORT, IF AVAILABLE**