**AFTER filing your claim with the City Clerk's Office, please contact <u>CORPORATION COUNSEL</u> at (203) 574-6731 for its status or any questions with respect to your claim.**

# CLAIM FORM

## City of Waterbury

### Office of the City Clerk

**235 Grand Street; Courtyard Level, Waterbury, CT 06702**
**Telephone (203) 574-6741**
**Fax (203) 574-6745**

**PRINT NAME:** _____

**PRINT STREET ADDRESS:** _____

**PRINT CITY:** _____

**STATE:** _____ **ZIP:** _____

**HOME TELEPHONE:** _____ **CELL:** _____

**DATE OF INCIDENT:** _____

**LOCATION OF INCIDENT:** _____

_____

**DAMAGE INCURRED:** PROPERTY AUTO PERSONAL INJURY
**(circle one or more)**

**PICTURES SUBMITTED**
**(circle one)** YES NO

**NUMBER OF PICTURES (if any):** _____

**INVOICES / BILLS SUBMITTED?:**
**(circle one)** YES NO

**POLICE REPORT SUBMITTED?:**
**(circle one)** YES NO

**Claimant's Name (PLEASE PRINT):**_____

**Claimant's Address (PLEASE PRINT):** _____

**City/State/Zip:**_____

**City of Waterbury Employee:** YES NO

**DESCRIPTION OF INCIDENT / ACCIDENT / COMMENTS:**

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