

CITY OF PITTSFIELD
City Solicitor's Office
City Hall - 70 Allen Street, Room 200
Pittsfield, MA 01201

STATEMENT OF CLAIM FORM

Acknowledgement of receipt only of your claim is hereby made, and said acknowledgement should in no way be considered an admission or denial of liability of any sort.

Please complete the following and **return it to the Office of the City Solicitor** at your earliest convenience (*insufficient detail and explanation may result in delay in the processing or investigation of your claim*):

Name of claimant(s): _____

Address (City, State and Zip Code): _____

Date and Time of Incident: _____

Location of Incident: _____

Speed immediately prior to Incident _____

Weather at the time of the Incident: _____

Did you try to avoid the accident: _____

If not, please explain: _____

Damages to property (please provide detail) _____

Describe the Incident in detail (use a separate sheet if necessary) _____

Have you made a claim to an insurance company? If yes, please provide the report of the Insurance Company? _____

Name of Insurance Company: _____ Name of the Agent: _____

Did you notify the Police Department? If yes, please provide a copy of the Police Report: _____

State the City Department that you feel is responsible for the incident and why you believe the city of Pittsfield is liable: _____

Amount of your claim (please provide bills and receipts): _____

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 any and all information requested by the City of Pittsfield relative to the above states 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 Pittsfield pursuant to MGL Ch. 60, § 93.

Date of Claim: _____

Signature: _____

Home Telephone #: _____ Work or Cell Telephone #: _____