

CLAIM PETITION - MOTOR VEHICLE LOSS PAWTUCKET, RHODE ISLAND

Name of Owner: _____

Address of Owner: _____

City _____ State: _____ Zip Code _____

Email: _____ Telephone: _____

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

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 a 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 TWO (2) ESTIMATES OR A PAID BILL
PLEASE ATTACH PHOTOS AND A POLICE REPORT, IF AVAILABLE

PURSUANT TO RI STATE LAW (RIGL §24-5-13) AND CITY ORDINANCE §351-67
ALL POTHOLE CLAIMS MUST BE FILED WITHIN SEVEN (7) DAYS OF THE INCIDENT