

**OFFICE OF THE CITY SOLICITOR  
CITY HALL – 70 ALLEN STREET, SUITE 201  
PITTSFIELD, MASSACHUSETTS 01201**

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: \_\_\_\_\_

Date of accident: \_\_\_\_\_ Time: \_\_\_\_\_ A.M/P.M.

Place of accident (be very *specific* as possible by indicating address, landmarks, mile markers, etc.):

\_\_\_\_\_

Witness (full name and address): \_\_\_\_\_

Please describe *specifically* how accident or damage occurred, including factual basis as to how the City acted negligently and/or is liable for damages (use reverse side if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of Claim \$ \_\_\_\_\_ (*attach proof of damages, i.e. receipts, work orders, paid bills, etc.*)

Where and when may damages be inspected: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

The submission of this claim form is only for the purpose of facilitating the filing of a claim with the City's insurance carrier. However, there may be statutory prerequisites to satisfy in order to file such a claim against a municipality.