

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

Name: _____ Telephone: _____

Address: _____

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 2 ESTIMATES AND/OR BILLS
PLEASE ATTACH PHOTOS AND A POLICE REPORT, IF AVAILABLE**