

**OFFICE OF THE MAYOR  
CITY OF PITTSFIELD  
MASSACHUSETTS**

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 Mayor 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.) \_\_\_\_\_

Specific description of damaged property or injury \_\_\_\_\_

Witnesses (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 damage be inspected \_\_\_\_\_

Dated \_\_\_\_\_ Signed \_\_\_\_\_

Daytime tel. no. \_\_\_\_\_

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.