



## City of Central Falls Claims

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Incident Date: \_\_\_\_\_

Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Damages:

\_\_\_\_\_  
\_\_\_\_\_

Amount Claimed: \$ \_\_\_\_\_

**I declare, under the pains and penalties of perjury and all other remedies at law, that I have reviewed this form and the statements I have made in it, and declare that they are true.**

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

Pursuant to Rhode Island General Law (24-5-13) and Central Falls City Ordinance (Chapter 32-14), all pothole claims must be filed within seven (7) days of incident.

---

For Office Use

Date Submitted \_\_\_\_\_ Received by \_\_\_\_\_

Clerk Signature \_\_\_\_\_

