APPLICATION TO SUBMIT A PROPERTY DAMAGE CLAIM

Date of this Application:

Name of Claimant:

Address of Claimant:

Claimant's Telephone Number(s):

Date of Incident:

Location of Incident:

Was a Town employee on scene? If yes, from what Town Department?

Brief Description of Incident: **[Attach copy of police report, if applicable.]**

Damages claimed: **[Please be specific. Attach estimates, invoices, pictures.]**

Please submit this completed Application and attachments to the Town Attorney's Office
Town Hall, 2725 Main Street, Stratford, CT 06615. Tel No. (203) 385-4004.
Fax No. (203) 380-6743. e-mail: gnobili@townofstratford.com