



# Claim for Damages

Town of Johnston  
1385 Hartford Avenue  
Johnston, Rhode Island 02919  
(401) 351-6618

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

*To: The Honorable Johnston Town Council*

Claimant Name(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name and Address of Legal Representative (If Any):  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Description of Claim (Provide Details): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount of Claim: \$ \_\_\_\_\_

**Be sure to attach any and all pertinent documentation  
including Police Reports, Insurance Claims, Invoices, Quote Sheets, Etc  
Incomplete forms will not be considered.**

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

**Do not write Below This Line-Official Use Only**

Date Received \_\_\_\_\_ Date Referred \_\_\_\_\_

Release Received \_\_\_\_\_ Disposition Amount \_\_\_\_\_