



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 _____