



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: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Name and Address of Legal Representative (If Any):

_____ Telephone Number: _____

Date of Loss _____ Approximate time of loss (if known) _____

Location of loss _____

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. If submitting pictures, they must be printed and submitted
with the claim; emailed pictures, flash drives or data sticks are not accepted**

Signature

Date