

**CITY OF MARLBOROUGH**  
MARLBOROUGH, MASSACHUSETTS 01752-3812



**OFFICE OF THE CITY CLERK**  
CITY HALL, 140 MAIN STREET, 1<sup>ST</sup> FLOOR  
TEL. 508-460-3775 / FAX 508-624-6504 / TDD 508-460-3610

**FORM FOR LIABILITY CLAIMS AGAINST THE CITY OF MARLBOROUGH**

*PLEASE TYPE OR PRINT. Once completed, please mail or deliver to the City Clerk's Office at the address above.*

- |                                       |   |
|---------------------------------------|---|
| ■ Name: _____                         | ■ Date of incident: _____   |
| ■ Address: _____                      | ■ Time of incident: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| ■ City: _____ State: _____ Zip: _____ | ■ <b>EXACT</b> address where incident occurred: _____                                 |
| ■ Phone (d): _____ Phone (e): _____   | ■ City: _____ State: _____ Zip: _____   |

**PLEASE NOTE:**

1. IF YOU ARE SUBMITTING A CLAIM FOR PROPERTY DAMAGE AND/OR PERSONAL INJURY CAUSED BY A POTHOLE OR OTHER ROAD DEFECT, YOU ARE STRONGLY URGED TO SUBMIT, WITH YOUR CLAIM FORM, AT LEAST ONE PHOTOGRAPH SHOWING THAT POTHOLE OR OTHER ROAD DEFECT, PREFERABLY WITH AN OBJECT (SUCH AS A RULER) ALSO SHOWN IN THE PHOTOGRAPH(S), IN ORDER TO GIVE THE CITY AND ITS INSURER AS GOOD A SENSE AS POSSIBLE OF THE HEIGHT, WIDTH AND DEPTH OF THE POTHOLE OR OTHER ROAD DEFECT.
  
2. IF YOU ARE SUBMITTING A CLAIM FOR DAMAGE TO A RESIDENTIAL MAILBOX CAUSED BY THE OPERATION OF A SNOW PLOW:
  - (a) YOUR CLAIM FORM MUST BE ACCOMPANIED BOTH BY AN AUTO-DATED PHOTOGRAPH(S) OF THE DAMAGED MAILBOX AS WELL AS BY A PAID RECEIPT SHOWING THE ACTUAL COST OF THE MAILBOX'S REPAIR OR REPLACEMENT. AS LONG AS CITY SNOW PLOW OPERATIONS WERE IN EFFECT DURING THE DATE WHEN, AND ON THE STREET WHERE, YOUR MAILBOX DAMAGE OCCURRED, YOU WILL RECEIVE REIMBURSEMENT FROM THE CITY UP TO A MAXIMUM AMOUNT OF \$75.00, EXCEPT THAT YOU WILL RECEIVE REIMBURSEMENT UP TO A MAXIMUM AMOUNT OF \$30.00 IF YOUR CLAIM FORM IS NOT ACCOMPANIED BY BOTH THE AUTO-DATED PHOTOGRAPH(S) AS WELL AS THE PAID RECEIPT.
  
  - (b) ALTERNATIVELY, IF YOUR MAILBOX CLAIM IS FOR MORE THAN \$75.00, YOU HAVE THE OPTION OF HAVING THE CITY'S INSURER CONDUCT AN INVESTIGATION OF THE CLAIM IN ORDER TO DETERMINE LIABILITY AND, IF APPROPRIATE, THE AMOUNT OF DAMAGES.

- Check applicable box:
- Pothole or Other Road Defect Claim (see note 1 above)
  - Residential Mailbox Claim (Reimbursement by City – see note 2(a) above)
  - Residential Mailbox Claim (Investigation by City's Insurer – see note 2(b) above)
  - Other Property Damage and/or Personal Injury (specify): \_\_\_\_\_
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■ Describe the incident in as much detail as possible (continue onto a separate sheet of paper, if necessary):

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■ Describe all property damage and/or personal injury:

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■ Names, addresses and telephone numbers of all witnesses (if any):

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■ Name and address of medical facility (if applicable):

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■ Monetary amount of property damage and/or personal injury (attach estimates, bills or other documentation):

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■ Attach anything else that will help to explain your claim (photographs, sketches, police and operator's reports, etc.).



By signing my name below, I affirm, verify and declare that the statements made in this form and its supporting materials (if any) are true, accurate and complete.

Signature: \_\_\_\_\_

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



IT MAY BE NECESSARY THAT YOU PROVIDE THE CITY WITH EVIDENCE THAT YOU FILED A CLAIM WITH YOUR INSURANCE CARRIER (HOME, AUTO OR OTHER) ABOUT THIS INCIDENT.

PLEASE ALLOW A MINIMUM OF 6 TO 8 WEEKS FOR PROCESSING YOUR CLAIM.  
YOU WILL BE INFORMED OF THE CITY'S DETERMINATION.