



SNOW REMOVAL DAMAGE CLAIM FORM

1. Please Print or Type form.
2. Attach Separate Sheets, If Necessary, To Give Full Details.
3. Claims Must Be Filed No Later Than 6 Months After The Damage Occurred.
4. Provide at least two estimates for damage repairs.

Name of Claimant

Date of Incident

Time of Incident

Mailing Address

City

State

Zip

Street Address Where Incident Occurred

Phone Number

Describe Damage: _____

What particular act or omission do you claim caused the damage? _____

Names/Address/Contact information of witnesses: _____

Best time that we can contact you: _____

I have read the foregoing claim and know the contents thereof and certify that the same is true of my own knowledge except as to those matters which are here stated upon my information and belief and as to those matters I believe it to be true. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Claimant or Authorized Representative

Print Name

Date