

## **City of Westfield Statement of Claim Form Instructions**

Please follow the procedure listed below to file a claim with the City of Westfield.

All claims for defects in public ways (sidewalk/roadway/potholes) **MUST** be filed within thirty (30) days of the date of the incident per Massachusetts General Laws (M.G.L) Chapter 84. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident per M.G.L. Chapter 258.

For mailbox claims, the City of Westfield will pay up to \$50 for a replacement mailbox if the mailbox was properly installed and if it was damaged by direct contact of a city vehicle or a contracted vehicle plowing for the City of Westfield at the time of the incident. The City will not pay for mailboxes that were installed too close to the street and are not the proper height according to the specifications set forth by the United States Postal Service for residential mailboxes.

Pursuant to M.G.L. Chapter 60 Section 93, the City of Westfield will withhold payment of any money payable to any person from whom there are then due taxes, assessments, rates or other charges that are owed to the City.

All Statement of Claim Forms are to be delivered to the Office of the Mayor at 59 Court Street Westfield, MA. 01085. The Office of the Mayor is **ONLY** responsible for the intake of the claim forms and has no further involvement once the claim is forwarded to the City's Law Department. Neither the Office of the Mayor nor the City's Law Department can give advice or help with the claim form. For further advice in regards to your claim, please consult a private attorney.

The Law Department for the City of Westfield requires sufficient time to investigate and process your claim. Compensation is paid only if the City of Westfield is found to be liable. To preserve your rights, if the City does not pay your claim, you may pursue your matter in the appropriate state court.

**City of Westfield  
Statement of Claim Form**

Name: \_\_\_\_\_

Address (City, State and Zip Code) \_\_\_\_\_

\_\_\_\_\_

Date and time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Speed immediately prior to Incident: \_\_\_\_\_

Weather at the time of the Incident: \_\_\_\_\_

Did you try to avoid the accident: \_\_\_\_\_

If not, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Damages to Property (please provide detail) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the Incident in Detail (use a separate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you made a claim to an Insurance Company? If yes, please provide the report of the Insurance Company. \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Name of Agent: \_\_\_\_\_

Did you Notify the Police Department? If yes, please provide a copy of the Police Report: \_\_\_\_\_

State the City Department that you feel is responsible for the Incident and why you believe the City of Westfield is liable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of your Claim (please provide bills and receipts): \_\_\_\_\_

I hereby certify under penalties and perjury of law that the information given above is true to the best of my knowledge and belief. I hereby authorize the release of any and all information requested by the City of Westfield relative to the above stated incident and claim. I also understand that if my claim is successful, any monies owed to me may be offset by any monies that I may owe the City of Westfield pursuant to MGL Ch. 60 Section 93.

Date of Claim:\_\_\_\_\_.

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

Home Telephone #:\_\_\_\_\_. Work or Cell phone #\_\_\_\_\_.