



City of Methuen, Massachusetts

Office of The City Clerk

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David D.J. Beauregard
Mayor

Anne J. Drouin
City Clerk

DAMAGE OR INJURY CLAIM INFORMATION FORM

Name of person claiming injury or damage to property:

Address:

Number and Street

City

State

Zip

Date, time, place and cause of alleged injury or damage:

Signature

Date

Please attach any receipts or other documentation (police reports, diagrams, photographs) in support of your claim.