



# City of Methuen, Massachusetts

Office of The City Clerk

The Searles Building, 41 Pleasant Street

Methuen, Massachusetts 01844

Telephone (978) 983-8515 Fax (978) 983-8977

Website: [cityofmethuen](http://cityofmethuen)

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:**

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**Address:**

Number and Street

City

State

Zip

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

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**Signature**

**Date**

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