Town of Stoughton – Claim for Damages

Name and Address: _____
_____
_____

Telephone Number: _____
Date and Time of Incident: _____

Please describe below the reason(s) why you are submitting your claim. (i.e. describe the nature of the problem and what you would like the Town to do to resolve the problem/damage to your property.)

_____
_____
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_____
_____
_____
_____

If additional space is needed, please attach further information to the back of this document.

If you have receipts of costs incurred, please forward copies along with this document.

_____
Signature of Homeowner/Claimant

Please return this form to the Office of the Town Manager
10 Pearl Street, Stoughton, MA 02072
Fax: 781-344-5048
Email: Twnmgr@stoughton-ma.gov
Attention: Reggie