

Relationship of claimant () Attorney () Other _____

3. Circumstances regarding the occurrence or accident:

Date and Time	Location
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City	State	Zip
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4. Describe the accident or occurrence:

5. State the name(s) and address(s) of all witnesses to above occurrence:

6. State the Names(s) and address(s) of the public entity, or entities, that you claim caused your damage:

7. State the name(s) and address(s) of all other persons, companies or government agencies whom you claim are responsible for your injuries or damages:

8. Briefly describe the injury, damage and losses incurred by you:

9. Give the amount that you claim in damages \$ _____

Give the basis for calculation of the above damages:

It will be incumbent of the claimant to notify the Police Department and have them write up a report at the scene of the incident that occurred. In the event that the claimant was not at the scene when and where the incident occurred, a police report must still be filed after fact. If there were a witness to the incident, the name(s) and contact information of the witness(s) must be included in the Police Report. If it is established that the damage was not the fault of the Township, the claimant will be directed to the party at fault for reimbursement.

I certify that the foregoing statements made by me are true. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

Date

Claimant or Person Filing on Behalf of Claimant