



City of Milford, Connecticut

Founded 1639

CLAIM FORM

Date: _____

CLAIMANT INFORMATION:

Name: _____

Address: _____

Tel. Number: _____ Cell Number: _____

Email address: _____

INCIDENT/LOSS INFORMATION

Date of Incident/Loss: _____

Location of Incident:

Description of Incident – Explain what occurred giving rise to claim:

[Attach additional pages if necessary, including photographs, estimates, etc.]

Alleged Damages – Describe damages alleged to have been incurred as a result of this incident:

[Attach copies of all estimates, invoices and other items documenting amount of alleged loss]

I hereby attest to the truth, accuracy and completeness of the information contained herein or as may be attached or supplemented.

I understand that any false statement herein or within the materials I have submitted, which I know or do not believe to be true and which are intended to mislead a public official in the performance of their duty is punishable by law (see CGS Sect. 53a-157b).

I declare under the penalty of false statement that the information submitted is true and correct. Dated in _____, Connecticut this _____ day of _____, _____.

Signature of Claimant

NOTICE:

The City of Milford is insured through Connecticut Interlocal Risk Management Agency (CIRMA). All claims are forwarded to CIRMA, which investigates each claim. A representative from CIRMA will provide you with contact information and any follow up communications with regard to your claim should be directed to CIRMA.

Please note that the filing of this Claim Form does not constitute a waiver of the claimant's responsibility to comply with any and all filing or notice requirements that might exist independent of the filing of this Claim Form.

Please also note that the acceptance and processing of this Claim Form does not constitute an acknowledgement by the City of liability or an obligation to make any payment for the asserted claim. Furthermore, the City is entitled to assert a number of special defenses to any claim for damages, as allowed by the law and statutes of Connecticut. These defenses may serve to reduce or remove any liability that the City might otherwise have. The City of Milford, in accepting this Claim Form, does not consent to waive any of these defenses.

MAIL OR HAND DELIVER COMPLETED CLAIM FORM ALONG WITH COPIES OF ALL PHOTOGRAPHS, ESTIMATES, INVOICES AND OTHER ITEMS OF PROOF OF THE AMOUNT OF THE ALLEGED LOSS TO:

City Clerk
City of Milford
70 West River Street
Milford, CT 06460