

TOWN OF WALPOLE

COMMONWEALTH OF MASSACHUSETTS

Walpole Town Hall 135 School Street Walpole, MA 02081 TEL (508) 660-7300 FAX (508) 660-7303

Road Defect (Pothole) Claim Form

If you have experienced damage to your vehicle relating to a road defect and wish to file a claim, please complete the Road Defect Incident Report in its entirety and return to the Walpole Town Administrator's office.

To submit electronically, or for questions or more information, please contact Assistant Town Administrator Patrick Shield at PShield@Walpole-MA.gov or 508-660-7288.

Claimant Information							
Name:				Phone:			
Email:			Fax:				
Street Address:							
City / State / Zip							
Occurrence Information							
Date of Loss:				Time of Lo	Time of Loss:		
Loss Location:	ossibla					1	
Be as specific as possible Vehicle: Year/Make/Model				Estimate: Cost of Rep	Estimate: Cost of Repairs		
Describe Damages:							
Vehicle Location: Where can vehicle	be seen?						
Did Police Respond:		[] Yes	[] No		Police Report? Please attach		[] No
	1	Have you reported the defect already to the DPW?			DPW?	[] Yes	[] No
Description of Occurrence							
Enter a description supporting mater		ccurrence and any c	_		to attach	any pictures	or additional
Claimant Signatur	ra		Date:				