

CLAIMS

**Town of Johnston
Claim for Damages**

Date: _____

To: The Honorable Johnston Town Council

Claimant Name(s): _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Name and Address of Legal Representative (if any):

Telephone Number: _____

Claimant's Social Security or Tax ID Number: _____

Description of claim (provide details):

Total amount of claim: \$ _____

***Be sure to attach any/all pertinent documentation
Including police reports, insurance claims, invoices, quote sheets, etc.
Incomplete forms will not be considered.***