



Office of the City Clerk

ALEX GEOURNTAS
City Clerk

Filing a Claim with the City of Boston

You may file a claim with the City of Boston if you were injured or your property was damaged. Examples include, but are not limited to, injuries or damage caused by road or sidewalk defects or an accident with a vehicle owned by the City. To facilitate the processing of your claim, please either use the attached City of Boston Claim Form or provide all of the information requested on the form.

You must include a \$15.00 filing fee with your claim, as provided by Chapter 18-1.3, Section 15 of the City Ordinances of 2013. The City Clerk's Office accepts payment in the form of a check made payable to the City of Boston. Debit card, credit card and cash payments may only be made in person at the City Clerk's Office. If the City compensates you on your claim, the City will reimburse this filing fee.

Please submit the attached claim form and any documentation to the City Clerk's Office in person or by mail at the following address:

*Boston City Hall
Office of the City Clerk
One City Hall Square, Room 601
Boston, MA 02201
ATTN: Claims Division*

The City Clerk is ONLY responsible for accepting the filing of your claim and has no further involvement once it is forwarded to the City's Law Department. Once you have submitted your claim, please allow 6 to 8 weeks processing time before contacting the Law Department regarding your claim. The Law Department can be reached at 617-635-4034.

To facilitate processing of your claim, we recommend that you include itemized estimates, invoices, receipts, any operator or incident reports and photographs. If your claim involves a vehicle collision or vehicle damage, please include photographs of the damage, even if you are only seeking compensation for personal injury. For sidewalk or roadway defects, please include photographs showing the defect both up-close and further away with the surrounding area, to show exactly where the defect is located.

The City requires that you submit your initial claim filing in hard copy to the City Clerk's Office by mail or hand delivery. However, if you would like to provide any of the supporting documentation, such as photos and estimates, in electronic format, please contact the Law Department at least five business days (5) after you have submitted your claim to arrange to send the documents electronically.

*****Please note*****

- *The information requested and provided on this form is for general guidance only and should not be construed as legal advice. If you wish to have legal counsel regarding your claim, you should consult with your own attorney.*
- *By law, most claims for injuries or damages related to roadway and sidewalk defects must be **received** by the City within 30 days of the incident. (MA General Laws, Chapter 84)*
- *All other negligence-based claims must be **received** by the City within (2) two years of the incident. (MA General Laws, Chapter 258)*
- *Any documents that you provide will become the property of the City of Boston. Please make sure you retain copies of any such documents for your files and future reference.*

City of Boston Claim Form

CLAIM TYPE *collision with City vehicle* *road or sidewalk defect*

vehicle damaged in tow *tow reimbursement* *other*

DAMAGES CLAIMED *property damage* *personal injury*

CLAIMANT (if you are filing a subrogation claim, please list the insurance company as the claimant)

name _____ phone _____

address _____

email _____

City Clerk File No. _____

Law Dept File No. _____

(please leave blank - for internal use only)

SUBROGATION CLAIMS ONLY: *policyholder name* _____ *your file no.* _____

ATTORNEY OR CLAIM REPRESENTATIVE

name _____ email _____

firm name and address _____

phone _____

CLAIMANT VEHICLE

owner _____ driver's license no. _____

plate no. _____ year _____ make/model _____

insurance co. _____ driver _____

passenger(s) _____

CITY VEHICLE

driver _____ City department _____

plate no. _____ vehicle type _____

INCIDENT

date _____ time _____ location _____

description _____

diagram

_____ police fire EMS responded

the claimant or insured completed an operator report took photographs of the scene / damage

DAMAGES

description of injuries and/or damaged property _____

\$ _____ for _____ ; \$ _____ for _____ ; \$ _____ for _____

\$ _____ for _____ ; \$ _____ for _____ TOTAL \$ _____

SIGNATURE

I, _____ (print your name) affirm that the facts stated above are true and complete to the best of my knowledge.

Signature: _____

Date: _____