



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:** *(review Please note section at bottom of page)*

- include itemized estimates, invoices, receipts, any operator and/or incident reports
- any photographs of vehicle damage if involved in a vehicle collision
- include photographs even if you are only seeking compensation for personal injury

**For sidewalk or roadway defects:** *(review Please note section at bottom of page)*

- please include up-close and further away photographs showing the defect with the surrounding area
- photographs should show exactly where the defect is located

*The City requires that you submit your initial claim form in hard copy to the City Clerk's Office by mail or hand delivery. Claim Form is available online at [www.boston.gov/cityclerk](http://www.boston.gov/cityclerk). However, if you would like to provide any supporting documents, such as photos and estimates, in electronic format, 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

City Clerk File No. \_\_\_\_\_

Law Dept File No. \_\_\_\_\_

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 \_\_\_\_\_

(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: \_\_\_\_\_