INFORMATION TO SUBMIT A CLAIM TO THE CITY OF WARWICK

This form is used for multiple types of claims.
Please complete the information applicable to your claim.
There are no guarantees that any claim submitted to the City of Warwick will be paid if determined the City is not liable.

There are a series of steps to follow, which are detailed below. You can also obtain directions by calling (401) 738-2000 extension 6209.

Submit your claim to:
City of Warwick
Attn: Claims
3275 Post Road
Warwick, RI 02886

Pothole claims
The City of Warwick has established a policy for pothole claims in keeping with section 24-8-35 of the Rhode Island General Laws.

RI General Law 24-5-13 pertaining to pothole damage;
(b) If any person shall incur damage to his or her motor vehicle by reason of a pothole on any municipal highway, causeway, street or bridge which damage would not have occurred without the existence of the pothole, he or she may recover from the municipality the amount of damages sustained up to and not more than the sum of three hundred dollars ($300). Provided, however, that the municipality had reasonable notice of the pothole, or may have had notice thereof by the exercise of proper care and diligence on its part, and a reasonable opportunity to repair the pothole. All claims shall be made within a period of seven (7) days from the date on which the damage was sustained by filing a written report in a manner prescribed by the municipality. In no instance, however, shall any claim for damage so caused to a motor vehicle registered in a foreign state be considered unless that state has a similar statute affording similar protection to persons owning motor vehicles registered in this state.

The registered vehicle owner must submit the claim form and return with the following documentation;

- Invoice/Estimates;
  EITHER one itemized paid invoice with proof of payment and two itemized estimates,
  OR three itemized estimates
- Copy of valid RI registration for the vehicle. If vehicle is leased, provide a copy of lease with claimant's name.
- Current odometer reading.
- Copy of police report, tow receipt or auto club report verifying the incident.
- Photos of damage, if applicable.
- Be sure to submit detailed information on the location of the pothole such as nearest cross street, house number, landmark, etc.

Other Claims
These claims must be submitted within thirty days of the incident. Follow procedure as noted above for pothole claims. Complete the claim form and submit with three estimates, police report and any other information that is necessary for your claim. Contact (401) 738-2000 extension 6209 if you have questions regarding the necessary documentation.

Damage in a construction zone
Call (401) 738-2000 extension 6209. You will be directed to the responsible contractor for processing.

Your claim will not be processed until all information requested is received. The claim will be reviewed internally and a recommendation forwarded to the City Council Public Safety Committee. Notice of the Public Safety Committee meeting will be sent to you so. Your attendance at this meeting is mandatory.

Please note that the City of Warwick does not handle property damage claims in excess of $2,500 or incidents involving personal injuries. The City submits these claims to their administrator to process these claims on behalf of the City of Warwick.

TO THE HONORABLE CITY COUNCIL

The undersigned respectfully petitions your body for compensation
for injuries or damages sustained as follows:

Please print information that pertains to your claim.

☐ **Motor Vehicle Accident** ☐ **Pothole** ☐ **Property Damage** ☐ **Tax Waiver** ☐ **Other**

Claimant Name: _____

Address:_____

City, State, Zip: _____

Telephone #: _____

Date of incident (M/D/Y) _____ **Time**: _____ AM / PM

Description of Incident/Claim: _____

_____

_____

_____

_____

Vehicle Year: _____ **Make**: _____ **Model**: _____ **Odometer reading**: _____

The Pothole was located on _____ **road**.

I notified the Finance / Public Works department (circle one) on _____(date).

The nature of my property damage is:_____

_____

Additional information about Tax Waiver (include letter from Tax Collector stating adverse decision) _____

_____

I request reimbursement in the amount of $_____.

SIGNATURE OF CLAIMANT: _____ DATE_____

 If additional space is needed please attach separate page

AFFIDAVIT

(Petitioner Name) _____, being duly sworn, deposes and states:

1. I have petitioned the City Council of the City of Warwick for compensation for losses arising from an incident which occurred on (date) _____as a result of (please provide brief description):

_____

_____

Said claim was filed with the Finance Department on _____(date).

2. Check appropriate box or boxes:

□ I have not sought compensation, nor will I at any time seek compensation from any source (including, but not limited to, any insurance company) other than the City of Warwick, for any loss arising from the above-described incident, understanding for pothole claims, the maximum recovery is $300.00 under Rhode Island General Law § 24-5-13 (b).

□ I have received compensation from a source or sources other than the City of Warwick, (including, but not limited to, any insurance company) in connection with this incident. The amount(s) which I received total $ _____,
and the source of the other payment(s) was _____.

□ I am seeking, or intend to seek, compensation from a source or sources other than and/or in addition to the City of Warwick (including, but not limited to, any insurance company), for any loss arising from the above described incident. The source or sources from which I seek such other compensation is/are:_____.

3. In the event that the Warwick City Council should deny my claim, I understand that I may pursue a claim against any other party who may be liable for my loss.

4. I understand that I am not entitled to recover more than the amount of my actual loss. If the City of Warwick pays any amount to me in connection with the above described incident, and if I should receive any amounts from any source other than the City of Warwick with respect to the above described incident, I will report such other receipt(s) to the Finance Department of the City of Warwick.

5. I have personal knowledge of the facts aforesaid.

_____ _____
Signature of Claimant or its Representative Printed Name

State of Rhode Island
County of _____

Subscribed and sworn to before me on this _____ day of _____, 20_____.

_____
(Notary Public)
My Commission Expires_____