



## Recommendation Memo

**To:** David Picozzi, Department of Public Works  
**From:** Margie White, Finance Department ext. 6207  
**Date:** May 23, 2016,  
**Re:** Council Claim

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Please investigate the attached claim against the City of Warwick involving your department and return this recommendation to the Finance office as soon as possible.

**Date of Incident:** 02/09/16

**Police/tow/auto report:** N/A

**Claimant:** Verizon  
CMR Claims Dept.  
PO Box 60770  
Oklahoma city, OK 73146-0770

**Claim:** City of Warwick vehicle hit a Verizon drop in the area of 39 Grenore St.

**Estimates:** \$833.21

**Department Recommends:**

**Approval** of this claim for \$ 0.

**Denial** of this claim (please include comments below):

\_\_\_\_\_  
Director Signature

8/3/16  
Date



CMR Claims Department  
P.O. Box 60770  
Oklahoma City, OK 73146-0770  
1.866.887.4066

**\*\*\*\*\*NOTICE OF CLAIM\*\*\*\*\***

Date: 05-16-2016

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

To: CITY OF WARWICK  
CLAIMS  
3275 POST ROAD  
WARWICK, RI 02886

CERTIFIED MAIL# 7015 3010 0000 0747 5190

RE: Damage to VERIZON Property

VERIZON Claim Num: RIPR160138  
Damage/Discovery Date: 02-09-2016  
Damage Location: 39 GRENORE, WARWICK, RI  
Damage County: KENT  
Damage Amount: \$ 833.21

Dear Sir/Madam:

Please be advised that VERIZON Facilities sustained damage as a result of the negligent acts or omissions by employees or agents of CITY OF WARWICK .

Investigation has revealed that on or about 02-09-2016 employees or agents of CITY OF WARWICK, A CITY OF WARWICK VEHICLE HIT A VERIZON DROP in the area of 39 GRENORE, WARWICK, RI.

**REQUEST FOR GOVERNMENTAL NOTICE FORM**

If your Governmental Entity requires the completion of its own form to complete proper notice, please forward a copy to the address listed above. Every good faith effort has been made to identify the proper office and address to perfect our notice. Please forward to your attorney, if misdirected, to contact us. Matters herein stated are alleged on information and belief this pleader believes to be true. If there is insurance to cover this matter, kindly advise as to the name of the insurance company, its address and the claim number assigned. If you have any questions, or need additional information, please contact me at 1-800-321-4158 ext 8232.

Sincerely,  
Chelsea Dongelewic

CMR Claims DEPT

NOTARY

Commission Expires 4/10/19

