



**TOWN OF HUDSON
MASSACHUSETTS 01749**

NOTICE OF CLAIM

CLAIMANT: _____

ADDRESS: _____

PHONE NO.: ____ (____) _____

EMAIL ADDRESS: _____

DATE OF INCIDENT: ____/____/____

LOCATION of INCIDENT:

NATURE of CLAIM:

VEHICLE DESCRIPTION, NUMBER OR LICENSE IF KNOWN AND RELEVANT

RECEIPTS ATTACHED

ESTIMATE ATTACHED

FOR OFFICE USE ONLY

DATE CLAIM REC'D: ____/____/____

DATE CLAIM SENT: ____/____/____
to Insurance Administrator

For Additional information contact Teresa Vickery, Clerk
(978) 562-9963 Email: Tvickery@townofhudson.org
Return form to Town Clerk's office.