



CITY OF DERBY – NOTICE OF CLAIM

Address for Claims:

City of Derby Town Clerk
1 Elizabeth Street
Derby, CT 06418

****Include a copy of Police Report****

1. Claimant Information

Name:

Mailing Address:

Telephone:

Email Address:

Attorney Name and Address (if any):

2. Nature of Claim (check one or both)

Personal Injury

Property Damage

3. Date, time where claim occurred:



4. Place where claim occurred:

5. Manner in which claim occurred (what happened):

6. Description of items of damage or injuries claimed to have been sustained: