



TOWN OF SALISBURY
5 Beach Rd
Salisbury, MA 01952

PLEASE READ THIS NOTICE BEFORE FILING A CLAIM

Claims Against the Town of Salisbury for Property Damage or Personal Injury

(The *Massachusetts Tort Claims Act*, M.G.L. c. 258)

Please be advised that state law relieves the Town of any liability for property damage or personal injury as the result of unknown or unforeseen accidents for which the Town was not negligent.¹ For example, damages to an automobile as the result of a pothole in the road, damages to personal property as the result of a sewage or water main break, or personal injury damages as the result of a slip and fall on a sidewalk, are not injuries for which a claimant may collect damages from the Town unless the claimant can prove the Town was negligent.

In certain very limited circumstances, the Town may be liable for damages to an individual when an investigation shows that the Town was negligent, or that a Town employee committed a wrongful act or omission. State law governs the procedure the Town follows for such claims, and limits the Town's potential liability in such actions.²

IMPORTANT NOTICE: It is expected and **STRONGLY ADVISED** that the injured party will make claim to their automobile, homeowners, or medical insurance policy respectively for any such losses. Claimants are advised to speak with their insurance agent and report all claims to their Insurer **BEFORE FILING A CLAIM WITH THE TOWN**. If you are uncertain about your rights, contact an attorney.

¹ See G.L. c. 258, §2.

² See G.L. c. 84, §15 limiting Town's liability for defects on a road or sidewalk



Town of Salisbury
Department of Public Works
39 Lafayette Road
Salisbury, MA 01952
978-462-7611

Claim for Damages

To: DPW Clerk
39 Lafayette Rd
Salisbury, MA 01952

Date of Incident: _____ Time: _____ AM / PM

Location of Incident*: _____
(Exact location – street(s))

Auto (if applicable): _____
Year Make Model

Complete description of damage/injury _____

Complete description of incident: _____

Please attach a photo of damage pertaining to this claim

Total cost incurred: \$ _____ (please attached receipts for replacement, if applicable)

NOTE: This figure must represent the total amount being requested by the claimant, as this figure, as submitted, will be the only amount under consideration by the DPW Director. Vehicular Claims will be rejected if this item is not filled in. It is the responsibility of the claimant to provide the DPW Director with complete and accurate figures at time of filing this claim. All Claims must be filed within 30 days from the date of the incident.

_____/_____
Print Name Signature

_____/_____
Street Address City, State, Zip

_____/_____
Phone Email

Approved/Denied _____/_____
DPW Director Date

Reason for Denial if applicable:

*Claims for items placed in the public way may not be allowed.