



Town of Wayland

VEHICLE DAMAGE CLAIM FORM

Name: _____ Date Submitted: _____

Address: _____

Telephone Number: _____ Email: _____

This incident was related to (Check One): Pothole Road Defect

Incident Date: _____ Time: _____

Was a Police Report Completed (Check One): Yes (Please attach) NO

Location of Incident

(Please be as specific as possible, Street Name, Nearest Address Number, Cross Street, Direction of Travel)

Explain what happened and how: _____

Vehicle Information

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Registration Number: _____ State: _____

Repair Information

Repair Cost (Please attach Repair Invoice or Estimate): _____

Have you contacted your Insurance Company (Check One): Yes No

Name of Insurance Company: _____

Proper Notice must be received by the Town within 30 days from the date of incident

Town Official - Finding

Claim is hereby (Check One): Approved Denied

Finding: _____

Signed: _____ Title: _____ Date: _____

This form may also be printed and sent to Wayland DPW, Attention Vehicle Damage Claim, 66 River Road, Wayland, MA 01778. Please call 508-358-3678 if you have any questions.