

CITY OF EAST PROVIDENCE
POTHOLE DAMAGE CLAIMS PROCEDURE
(IN ACCORDANCE WITH R.I.G.L. §24-5-13)

1. The claim must be post marked or received within seven (7) day of the incident and submitted to the **City Clerk's Office, 145 Taunton Avenue, East Providence, RI 02914.**
2. The registered vehicle owner must submit the claim containing the following information:
 1. Name, address and telephone number
 2. Copy of current Rhode Island vehicle registration
 3. Date and time of the incident
 4. Detailed description of the damage
 5. Exact location of the pothole
 6. Reason why the City should have had notice of the pothole
 7. Cost of repair (copy of itemized, paid receipts with proof of payment)

Any claim for damages to a vehicle made more than seven (7) days after the incident, or occurring on a non-municipal road, or lacking proof that the City should have had notice of the pothole shall be denied. Under no circumstances will the City award any claim more than three hundred dollars (\$300.00).

Please note that your claim will not be processed until all information is received. If the information is not received within the time specified, the claim will automatically be denied.

In no instance shall any claim for damage so caused to a motor vehicle registered in a state outside of Rhode Island be considered unless that state has a similar statute affording similar protection to persons owning motor vehicles registered in this state.

3. The claim will be scheduled for review at the next scheduled Claims Committee meeting provided all of the necessary information has been received. The Claims Committee normally meets on the first and third Tuesday of each month except for the months of July and August in which the Committee meets on only the third Tuesday.
4. The City Council will officially approve or deny a claim.
5. If the City Council approves a claim, you will be forwarded by mail a release to be signed and returned to the Law Department. Upon receipt of the signed release, a check will be processed for you. Allow two weeks for processing of approved claims.
6. If the City Council denies a claim, you will be notified by mail.

ALL TELEPHONE INQUIRIES SHOULD BE DIRECTED TO THE LAW DEPARTMENT AT 401-435-7523.

TO THE HONORABLE EAST PROVIDENCE CITY COUNCIL

The undersigned respectfully petitions your honorable body for compensation for injuries and/or damages sustained as follows:
[Please print all required information. If additional space is needed, use back of form]

GENERAL INFORMATION:

Date of Incident: Month: _____ Day: _____ Year: _____

Time of Incident: _____

Claimant's Name: _____

Address: _____

Telephone Number: _____

TYPE OF CLAIM: _____ Property Damage _____ Personal Injury _____ Miscellaneous

PLEASE FILL OUT THE APPROPRIATE SECTION BELOW FOR EACH TYPE OF CLAIM PRESENTED

PROPERTY DAMAGE CLAIM: Amount Claimed: \$ _____

Description of Incident: _____

Description of Damaged Property: _____

IF VEHICLE, PROVIDE MAKE, MODEL, YEAR & REGISTRATION NUMBER

Nature of Damage: _____

THREE (3) ESTIMATES OF REPAIR ARE REQUIRED FOR ALL PROERTY DAMAGE CLAIMS

PERSONAL INJURY CLAIM: Amount Claimed: \$ _____

Description of Incident: _____

Nature of Injury: _____

NOTE: MEDICAL EXPENSE DOCUMENTATION MUST BE SUBMITTED WITH CLAIM

MISCELLANEOUS CLAIM: Amount Claimed: \$ _____

Detailed Description of Claim: _____

Signature of Claimant: _____ Date Filed: _____