TOWN OF GROTON
Private Property Damage Report

Owner: ____________________________________________ Phone #: _________________________________

Address: ____________________________________________________________________________________

Date of Damage: ___________________________ Time of Damage: _________________________________

Location of Damaged Property: _________________________________________________________________

Property Damaged: __________________________________________________________________________

___________________________________________________________________________________________

How did it happen? __________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Witnesses: ________________________________________________________________________________

___________________________________________________________________________________________

__________________________ ______________________________
Signature: Date: 

Print Name: ________________________________

Signature of Person completing form, if other than Claimant: ____________________________

(PLEASE SUBMIT WITH FORM ANY SUPPORTING DOCUMENTATION RELATING TO CLAIM).

SEND TO:
TOWN CLERK
TOWN OF GROTON
45 FORT HILL ROAD
GROTON, CT 06340

Issued by: Administrative Services
July 2016
TOWN OF GROTON
Injury to Private Citizen on Town Property

Name: ___________________________ Phone #: ___________________________

Address: ___________________________

Date of Injury: ___________________ Time of Injury: ___________________

Location of Incident: ___________________________

Description of Injury: ___________________________

How Did It Happen?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Witnesses: ___________________________

Signature: ___________________________ Date: _______________________

Print Name: ___________________________

Signature of person completing form if other than injured party: ___________________________

SEND TO:
Christine Adanti
TOWN OF GROTON
45 FORT HILL ROAD
GROTON, CT 06340

Issued by: Human Resources Dept. 
June 2017