



CITY OF WORCESTER CLAIM FORM
For January 18, 2016 Snow-Tows

Please provide the following information:

1. Your Name: _____

2. Your Address:

Street: _____

City: _____ State: _____ Zip: _____

3. Phone Number Where You Can Be Reached: _____

4. Vehicle: Year: _____ Make: _____ Model: _____

4. Amount of towing and storage fees paid: \$_____.

Please attach proof of payment (receipt, credit card statement, etc.).

I swear that the facts stated above are true to the best of my knowledge.

Your Signature: _____

Today's Date: _____, _____, 2016