

**APPLICATION TO SUBMIT A PROPERTY DAMAGE CLAIM TO THE  
STRATFORD TOWN ATTORNEY'S OFFICE**

Date of this Application:

Name of Claimant:

Address of Claimant:

Claimant's Telephone Number(s):

Claimant's Email Address:

Date of Incident:

Location of Incident/Property Location:

Was a Town employee on scene?

Is there a Stratford Police Incident Report?

(If so, submit a copy or provide Stratford P.D. Case No.)

Brief Description of Incident:

Damages claimed: **[Please be specific. Attach estimates, invoices, pictures.]**

*Please submit this completed Application and attachments to the Town Attorney's Office at the  
Town Hall, 2725 Main Street, Stratford, CT 06615. Tel No. (203) 385-4004*

*Or by e-mail to [bandrea@townofstratford.com](mailto:bandrea@townofstratford.com)*

*You will be notified in writing of the Town Attorney's decision.*