



**Town of Farmington  
 Loss Claim Form**

INFORMATION (860) 675-2300  
 FAX (860) 675-7140

Please complete, sign, and return original to:  
 Town of Farmington  
 Finance Office  
 1 Monteith Drive  
 Farmington, CT 06032

(Original signatures required. No copies, faxes or emails accepted)

\*Required Fields

Claimant	Name*	Phone*
	Address*	Email Address*
Claimant Property Damage	Time & Date of Incident*	
	Incident Location*	
	Details of Incident*	
	Property Damaged*	
Witness Name		Witness Phone
Witness Name		Witness Phone
Claimant Name*		Phone*
Claimant Signature*		Date*
Please Attach Documentation (receipts, photos, etc.)		