



# City of Salisbury Citizen Form

(To Be Completed by Citizen Only)

<b>Name:</b>	<b>Address:</b>
<b>Contact No.:</b>	<b>Date of Accident/Incident:</b>
<b>Time of Accident/Incident:</b>	<b>Location of Accident/Incident:</b>

Please describe what happened, list any property damaged and indicate your desired resolution.  
(Use the back if additional space is needed)

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Do you have insurance to cover your loss?  Yes  No

Did you file a claim with your insurance company regarding this loss?  Yes  No

Name and contact information of your Insurance Company:

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Insurance Policy #: \_\_\_\_\_

Witnesses Names, Addresses and Contact Numbers:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Citizen's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Complete and return the form to:  
City of Salisbury  
Department of Field Operations | Safety Management  
125 N. Division Street, Room B8 Salisbury MD 21801  
Attention: Frank Ennis  
Phone: (410) 548-3177 Fax: (410) 548-3181