



CITY OF MERIDEN
142 East Main St.
Meriden, CT 06450-5605

Generic Claim Form

Name _____

Address _____

Phone Number _____

Date of Loss _____

Nature of Loss _____

PLEASE ATTACH ESTIMATE OR REPAIR BILL

Mail To: City Clerk, Denise L. Grandy
142 East Main Street
Meriden, CT 06450