



TOWN OF BURLINGTON

25 CENTER STREET
BURLINGTON, MASSACHUSETTS 01803
TOWN HALL ANNEX (781) 270-1670 / FAX 781-238-4695

DEPARTMENT OF PUBLIC WORKS

Date: _____

RE: Snow Removal Damage at your property located at:

Vehicle Identification - Town or Private Contractor if possible:

If possible, the vehicle license number: _____

In order to complete the processing of your claim, the following information must be provided:

Date of Incident: _____ Time: _____

Description of damage: _____

Resident Name: _____ Telephone #: _____

Address: _____

Please return this form to: Highway Division
c/o DPW
29 Center Street
Burlington, MA 01803

Attn: Kevin Keene, Superintendent