

CITY OF PROVIDENCE
State Of Rhode Island and Providence Plantations

PETITION TO THE CITY COUNCIL

PERSONAL INJURY

TO THE HONORABLE CITY COUNCIL OF THE CITY OF PROVIDENCE:

The undersigned respectfully petitions your honorable body

(Signature of Claimant)

NAME _____
(Print or Type)

ADDRESS _____

PHONE NUMBER _____

AGE (If minor) _____

DATE OF ACCIDENT _____

NAME AND ADDRESS
OF PHYSICIAN _____

IF HOSPITALIZED,
NAME OF HOSPITAL _____

AMOUNT OF BILL(S) _____