



**TOWN OF BURLINGTON**

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

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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