

Original City Clerk
Copy to: Legal
Insurance _____
Originating Department

CLAIM FOR DAMAGES FORM

City File No. _____

Date Claim Form
Received by Member

MEMBER CITY/ORGANIZATION **CITY OF** _____

Please take notice that _____, who resides at _____,
_____, mailing address _____,
_____, home phone # _____, work phone # _____, is claiming damages
against the City of _____ in the sum of \$ _____ arising out of the following circumstances listed below:

DATE OF OCCURRENCE: _____ **TIME:** _____

LOCATION OF OCCURRENCE: _____

DESCRIPTION:

1. Describe occurrence explaining the nature of the defects or acts of negligence causing damages.

(attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.

3. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

4. Have you submitted a claim for damages to your insurance company? _____ Yes _____ No

If so, please provide the name of the insurance company: _____

and the policy #: _____.

**** ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY ****

License Plate # _____ Driver License # _____

Type Auto: _____
(year) (make) (model)

DRIVER: _____
Address: _____

Phone: _____

Passengers
Name: _____
Address: _____

OWNER: _____
Address: _____

Phone: _____

Name: _____
Address: _____

**** NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED ****

I, _____ I being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

× _____

× _____

Signature of Claimant(s)

Signature of Notary

My commission expires: _____