

Notice of Claim

NOTICE OF CLAIM AGAINST THE CITY/TOWN OF _____

The undersigned submits the following information and makes claim against the City/Town of _____, and/or employee _____ as follows.

1. CLAIMANT INFORMATION

Claimant name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. Home _____ Work _____

Date of Birth: _____

Email Address: _____

2. OCCURRENCE OR EVENTS GIVING RISE TO THE CLAIM

Date of Occurrence _____ Time _____

Location of occurrence _____

Give specifics of the occurrence, event, act or omission that you claim caused your injury or damage _____

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Describe how or why you believe the City/Town or employee was at fault _____

If this was a vehicle accident, state what road or highway the accident occurred on _____

Your vehicle license number _____

Year _____ Make _____ Model _____

The license of the City/Town vehicle _____

Name of the City/Town driver _____

Was a police report filed? Yes No I Don't Know

Police agency involved _____

3. DESCRIPTION OF PROPERTY DAMAGE AND INJURIES

Describe the property that was damaged _____

Dollar amount of property damage claimed \$ _____

Describe the personal injuries suffered _____

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Dollar amount of personal injuries suffered \$ _____
(Attach receipts, or other documentation of the amounts claimed. Attach medical reports where available).

TOTAL DAMAGES CLAIMED \$ _____

4. **WITNESSES**

List all witnesses, with their name(s), address and phone.

5. Are there any additional comments, details or information you want us to consider in responding to your claim? _____

6. By signing, you verify the information presented in this claim is true to the best of your knowledge and belief.

Signature _____ Date _____

Preferred Method of Communication: Mail ___ Phone ___ Email ___

7. Notice of Claim Received by:

Name _____ Date _____ Time _____