

Notice of Claim

Southwest Risk Services • 14902 N. 73rd Street • Scottsdale, AZ 85260 • 888.309.4339

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NOTI	CE OF CLAIM AGAINST THE CITY/TOWN OF					
The	undersigned submits the following information and makes claim against the					
City/T	Fown of as follows.					
1.	CLAIMANT INFORMATION					
	Claimant name:					
	Address:					
	Phone No. Home Work					
	Date of Birth:					
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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If this was a vehicle accident, state what road or highway the accident occurred of the City/Town vehicle license number Make Model Model The license of the City/Town vehicle No I Don't Know Police agency involved Describe the property damage claimed \$ Describe the personal injuries suffered	of 3					
Your vehicle license number	Describe ho	ow or why you belie	eve the City/Tow	n or employe	e was at fault	
Your vehicle license number						
Your vehicle license number						
Your vehicle license number						
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 Description of Property Damage and Injuries Describe the property that was damaged Dollar amount of property damage claimed \$	If this was a	ı vehicle accident, s	state what road	or highway th	e accident occurred or	
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 DESCRIPTION OF PROPERTY DAMAGE AND INJURIES Describe the property that was damaged Dollar amount of property damage claimed \$						
The license of the City/Town vehicle	Your vehicl	e license number _				
Name of the City/Town driver Was a police report filed? Yes No I Don't Know Police agency involved DESCRIPTION OF PROPERTY DAMAGE AND INJURIES Describe the property that was damaged Dollar amount of property damage claimed \$	Year	Make		Model		
Was a police report filed? Yes No I Don't Know Police agency involved DESCRIPTION OF PROPERTY DAMAGE AND INJURIES Describe the property that was damaged Dollar amount of property damage claimed \$	The license	of the City/Town v	ehicle			
Description of property that was damaged Dollar amount of property damage claimed \$	Name of the	e City/Town driver _				
Description of property damage and injuries Describe the property that was damaged Dollar amount of property damage claimed \$	Was a polic	e report filed?	Yes	No 🗆	I Don't Know	
Describe the property that was damaged Dollar amount of property damage claimed \$	Police ager	icy involved				
Describe the property that was damaged Dollar amount of property damage claimed \$	DESCRIPTION OF PROPERTY DAMAGE AND INJURIES					
Dollar amount of property damage claimed \$						
	Describe tri	e property that was	s damaged			
	Dollar amo	unt of property dam	nage claimed \$			
Describe the personal injunes surfered						
	Describe in	e personal injunes	suileieu			



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Dollar amount of personal injurie	es suffered \$				
(Attach receipts, or other documents where available).	nentation of the amounts claimed.	Attach medical			
TOTAL DAMAGES CLAIMED \$					
WITNESSES					
List all witnesses, with their nam	e(s), address and phone.				
Are there any additional comments, details or information you want us to consider					
in responding to your claim?					
By signing, you verify the information presented in this claim is true to the best of your knowledge and belief.					
Signature	Date	e			
Notice of Claim Received by:					
Name	Date	Time			
	TOTAL DAMAGES CLAIMED \$ WITNESSES List all witnesses, with their name in responding to your claim? By signing, you verify the inform your knowledge and belief. Signature Notice of Claim Received by:	WITNESSES List all witnesses, with their name(s), address and phone. Are there any additional comments, details or information you war in responding to your claim? By signing, you verify the information presented in this claim is truyour knowledge and belief. Signature			