

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: \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

7. Notice of Claim Received by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_