



Property Damage Claim Form

Name Employer

Address City/State Zip Code

Email Phone (1) Phone (2)

Date of Birth Best Way to Contact You (Phone or Email)

Date of Incident: Exact Location of Incident:

Describe the Incident in Detail (Attach Separate Sheet if Needed):

Any Witnesses? (Include Name and Contact Info)

Did you contact the Police (Police Report Number) or any City Department(s):

Identify Department/Contact Person/Date

Damages-Specifically list the damages

What costs or bills incurred?

AS PART OF THE CLAIMS PROCESS, YOU MUST CONTACT YOUR INSURANCE COMPANY TO VERIFY ANY COVERAGE

Name of your insurance company and agent:

Please state the total amount you are claiming from the City: \$

I hereby swear that the above information is true under penalty of law.

Before you Sign, Did you Include? PHOTOS ESTIMATES/RECEIPTS INSURANCE POLICY/TITLE/REGISTRATION POLICE REPORT

Date: Signed:

City Use Only Below

Departments Involved: Amount \$

Action Taken: APPROVE DENIED CLOSED

Reason

City Attorney Signature/Date Risk Manager Signature/Date