

NOTICE OF CLAIM

CLAIMANT NAME: _____ DATE: _____

CLAIMANT ADDRESS: _____

CITY/STATE/ZIP CODE: _____

LOCATION OF INCIDENT: _____

PHONE NUMBER: _____ DATE OF INCIDENT: _____

BASIS FOR CLAIM:

SUMMARY OF FACTS:

Date Incident Report completed by City (Attach Copy): _____

Additional Comments:

Attachments: _____

SIGNATURE: _____ DATE: _____

Name of City Personnel Submitting Form

Date