

CLAIM FOR DAMAGES FORM

Date Claim Form
Received by Member

MEMBER CITY/ORGANIZATION: _____

Please take note that _____, who resides at _____, mailing address _____, home phone # _____, work phone # _____, is claiming damages against _____ in the sum of \$ _____ arising out of the following circumstances listed below.

DATE OF OCCURRENCE: _____

TIME: _____

LOCATION OF OCCURRENCE: _____

DESCRIPTION:

1. Describe occurrence explaining the nature of the defects or acts of negligence causing damages.

(attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.

3. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

4. Have you submitted a claim for damages to your insurance company? Yes No

If so, please provide the name of the insurance company: _____
 and the policy #: _____

**** ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY ****

License Plate # _____	Driver License # _____
Type Auto: _____	
(year) (make) (model)	
DRIVER: _____	OWNER: _____
Address: _____	Address: _____
Phone#: _____	Phone#: _____
Passengers:	
Name: _____	Name: _____
Address: _____	Address: _____

*** * NOTE: THIS FORM MUST BE SIGNED _____**

I, _____, being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

X _____

X _____

Signature of Claimant(s)