

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 (mailing): \_\_\_\_\_

Address (physical): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

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 \_\_\_\_\_

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

3. Describe how or why you believe the City/Town or employee was at fault \_\_\_\_\_

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

4. If this was a vehicle accident, state what road or highway the accident occurred on.

\_\_\_\_\_

5. Your vehicle license number \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

6. The license of the City/Town vehicle \_\_\_\_\_

7. Name of the City/Town driver \_\_\_\_\_

8. Was a police report filed? Yes  No  I Don't Know

Police agency involved \_\_\_\_\_

Report Number \_\_\_\_\_

9. **DESCRIPTION OF PROPERTY DAMAGE AND INJURIES**

Describe the property that was damaged \_\_\_\_\_

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

**Dollar amount of property damage claimed \$** \_\_\_\_\_

10. 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 \$ \_\_\_\_\_

11. WITNESSES

List all witnesses, with their name(s), address and phone.

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

12. Are there any additional comments, details or information you want us to consider in responding to your claim? \_\_\_\_\_

\_\_\_\_\_

13. By signing, you verify the information presented in this claim is true to the best of your knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

14. Notice of Claim Received by: \*

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

Please fill in ALL INFORMATION requested above or your Notice may be returned as defective. All Notices must be signed and dated. Town or City must also indicate above date and time received.\*

THE ARIZONA MUNICIPAL RISK RETENTION POOL AND SOUTHWEST RISK SERVICES IS NOT AN AUTHORIZED AGENT TO RECEIVE NOTICE OF CLAIM UNDER A.R.S. 12-821.01. ALL NOTICES MUST BE SENT TO THE TOWN OR CITY. THIS FORM WAS CREATED FOR YOUR CONVIENENCE, HOWEVER THE GOVERNMENT ENTITY AS PARTY TO THIS MATTER DOES NOT WAIVE ANY OF ITS LEGAL RIGHTS, OR DEFENSES FOR YOUR FAILURE TO COMPLY WITH ALL NOTICE OF CLAIM REQUIREMENTS ESTABLISHED BY ARIZONA STATUTE AND LAW.

UNDER A.R.S. 12-821.01 YOU ARE REQUIRED TO STATE YOUR DAMAGES WITH A SPECIFIC DOLLAR AMOUNT AND SUPPORT THAT AMOUNT. YOUR CLAIM WILL BE DEEMED DEFECTIVE WITHOUT IT.