

City Government Property Damage Claim Form

Instructions: Please complete all sections of this form. Once filled out, print this form and submit it along with any supporting documents (photos, receipts, estimates) to the City Clerk's Office.

1. Claimant Information

Full Name of Claimant:

Mailing Address:

City: State: Zip Code:

Primary Phone: Email Address:

2. Incident Details

Date of Incident (MM/DD/YYYY): Time of Incident (e.g., 2:30 PM):

Exact Location of Incident (Street Address, Intersection, or Asset ID):

3. Description of Property Damage

Type of Property Damaged (e.g., Vehicle, Mailbox, Fence, Landscaping):

Detailed Description of the Damage:

How did the City cause this damage? (Describe the event):

Estimated Cost of Repair/Replacement (\$):

4. City Contact Information (If Known)

City Department Involved:

City Employee Name / Badge Number:

City Vehicle Plate / Equipment Number:

5. Witness Information

Witness 1 Name: Witness 1 Phone:

Witness 2 Name: Witness 2 Phone:

6. Certification and Signature

I hereby certify under penalty of perjury that the facts and statements contained in this claim are true, accurate, and complete to the best

of my knowledge.

Claimant Signature (Sign when printed): Date (MM/DD/YYYY):