

MUNICIPAL PROPERTY DAMAGE CLAIM FORM

Instructions: Please complete all sections of this form to file a claim for property damage. Print the completed form, sign it, and submit it to the Municipal Clerk's Office with any supporting documentation (receipts, estimates, photos).

1. Claimant Information

Full Name:

Street Address:

City, State, Zip:

Phone Number:

Email Address:

2. Incident Details

Date of Incident:

Time of Incident:

Exact Location:

Description of Incident: Describe how the damage occurred (attach additional sheets if necessary):

3. Damaged Property & Estimated Cost

Description of Damaged Property:

Year, Make, Model (if vehicle):

Estimated Cost of Repair/Replacement:

4. Witnesses (if any)

Witness 1 Name: Phone:

Witness 2 Name: Phone:

5. Certification and Signature

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge.

Claimant Signature: _____ Date:

6. For Municipal Office Use Only

Date Received: <input type="text"/>	Claim Number Assigned: <input type="text"/>
Received By (Name/Title): <input type="text"/>	Forwarded To (Department): <input type="text"/>