



CLAIMS NOTICE

City of Tyler Charter, Section 79 provides that notice must be in writing, duly verified (notarized) of the death, injury or destruction and shall be filed within thirty (30) days after same has been sustained.

NAME OF CLAIMANT _____

ADDRESS _____

PHONE (DAY) _____ **(EVENING)** _____

DATE OF INCIDENT _____ **TIME** _____ **A.M.** _____ **P.M.**

LOCATION OF INCIDENT _____

DESCRIBE DAMAGE TO PROPERTY (INCLUDE AGE AND VALUE WHEN NEW) _____

CURRENT LOCATION OF DAMAGED PROPERTY _____

DESCRIBE ANY INJURIES SUSTAINED: _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

DESCRIPTION: _____

DESCRIBE HOW INCIDENT OCCURRED (GIVE FULL DETAILS; ATTACH ADDITONAL PAGES, IF NECESSARY.) _____

AMOUNT CLAIMED (ATTACH ESTIMATES OF REPAIRS) _____

DO YOU CARRY INSURANCE FOR THIS LOSS? Yes _____ No _____

IF YES, WHAT COMPANY? _____

TYPE: ____ HOMEOWNERS ____ STANDARD FIRE ____ AUTO ____ OTHER

POLICY No.: _____ AGENT: _____

HAVE YOU MADE A CLAIM AGAINST YOUR INSURANCE COMPANY? Yes ____ No ____

DESCRIBE ANY EFFORTS BY YOU TO PREVENT THE INCIDENT OR TO MINIMIZE THE DAMAGES:

WITNESSES

NAME: _____ PHONE (DAY) _____

ADDRESS: _____ PHONE (EVENING) _____

NAME: _____ PHONE (DAY) _____

ADDRESS: _____ PHONE (EVENING) _____

IF CLAIM INVOLVED ALLEGED DEFECT IN CITY STREET, EQUIPMENT, OR OTHER PROPERTY, COMPLETE THE FOLLOWING:

DESCRIBE DEFECT: _____

NOTIFICATION TO CITY PRIOR TO INCIDENT:

DATE _____ TIME _____ A.M. ___ P.M. EMPLOYEE NOTIFIED _____

NOTIFICATION TO CITY AFTER INCIDENT:

DATE _____ TIME _____ A.M. ___ P.M. EMPLOYEE NOTIFIED _____

IF CLAIM INVOLVED A VEHICLE COLLISION, COMPLTE THE FOLLOWING:

WAS A PEACE OFFICER'S ACCIDENT REPORT MADE? Yes _____ No _____

CLAIMANT:

VEHICLE YEAR MODEL: _____ COLOR: _____

MAKE & MODEL: _____

VEHICLE I.D. NO.: _____ LICENSE PLATE: _____

DRIVER'S NAME: _____ PHONE: _____

ADDRESS:

OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

CITY:

VEHICLE YEAR MODEL: _____ PHONE: _____

MAKE & MODEL: _____

DRIVER'S NAME: _____

I HEREBY DECLARE THAT THE FACTS STATED IN THIS NOTICE ARE TRUE.

CLAIMANT'S SIGNATURE: _____

SUBSCRIBED AND SWORN TO BEFORE ME this the ____ day of _____, _____.

Notary Public State of Texas