



DAMAGE CLAIM FORM

1. Attach Separate Sheets, if necessary.
2. Claims Must Be Filed within 3 Months of incident.
3. Provide at least two estimates for damage repairs.

Name of Claimant	Date of Incident	Time of Incident
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Mailing Address	City	State	Zip
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Street Address Where Incident Occurred

Phone Number	Email
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Amount claimed

Describe Damage:

What act or omission do you claim caused the damage?

Names/Address/Contact information of witnesses:

Best time to contact you:

I have read the foregoing claim and know the contents thereof and certify that the same is true of my own knowledge except as to those matters which are here stated upon my information and belief and as to those matters I believe it to be true. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Claimant or Authorized Representative	Date
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