NOTICE OF CLAIM

TO : CITY CLERK (MAIL TO: P. O. BOX 1111, Montgomery, AL 36101-1111) or
(HAND DELIVER TO: 103 NORTH PERRY STREET, ROOM 135)

FROM : CLAIMANTS NAME:_____

ADDRESS:_____ZIP:_____

HOME PHONE NO.:_____ WORK PHONE NO.:_____

DATE & TIME OF INCIDENT:_____

LOCATION OF INCIDENT:_____

_____

_____

_____

MANNER IN WHICH DAMAGE/INJURY WAS RECEIVED: (GIVE AS MUCH DETAIL AS POSSIBLE)

_____

_____

_____

_____

** DAMAGES CLAIMED:_____

_____

**** MUST BE ACCOMPANIED BY 3 ESTIMATES FOR REPAIR OR REPLACEMENT.**

CITY VEHICLE NUMBER OR EQUIPMENT IDENTIFICATION, IF KNOWN:_____

_____

CITY EMPLOYEE, IF KNOWN:_____

WITNESSES TO INCIDENT, IF ANY & MEANS OF CONTACTING:_____

_____

OTHER PERTINENT INFORMATION:_____

_____

I CERTIFY THAT THE FOREGOING FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____
SIGNATURE OF CLAIMANT