

October 11, 2000

CITY OF INDEPENDENCE
CLAIM FORM

Date of Incident: _____ Approx. Time: _____

Location of Incident: _____

Police Report Number: _____

Any Insurance Coverage? Yes _____ No _____ If yes, with whom? _____

City Department or Employee Involved, If Known: _____

Description of Incident: _____

Description of Damages or Injuries Suffered: _____

(If additional space is necessary, please attach additional pages)

Attach any estimates or receipts and list the items below:

Item 1 _____ \$ _____

Item 2 _____ \$ _____

Item 3 _____ \$ _____

Item 4 _____ \$ _____

Total Claim: \$ _____

Signature: _____ Date: _____

Name (Print) _____

Address: _____

City, State _____ Zip _____

Phone (home) _____ (work) _____