

City of Independence, Missouri Claim Form

Please read this form in its entirety prior to submitting and write clearly; incomplete forms will be returned. The completed claim form, including attached receipts, estimates and photographs can be emailed to: riskmanager@indepmo.org. Hardcopies can be mailed or hand-delivered to:

City Finance and Administration Department
Attn: Risk Manager
111 E. Maple
Independence, MO 64050

1. Your name, address, phone number, and email address:

2. Information about the event, occurrence, or incident

- a. Date and time of incident: _____ d. Name or names of City employees involved (if known):
b. Location: _____
c. Police report number (if applicable): _____
e. Description of the incident:

- f. Witnesses, if known: _____

3. Describe the nature and extent of damage or injury claimed to be suffered:

4. Amount of monetary damages claimed: _____

This claim form is not intended to provide you with legal advice and you are encouraged to carefully review the applicable law and consult with legal counsel of your choosing. The City, by providing this form, makes no admission as to any claim asserted and does not waive any objection or defense to any claim. Claims processing takes on average four (4) to six (6) weeks. You may supplement your supporting documentation after submitting a claim.

Date

Signature