

# CLAIM FORM



Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (     ) \_\_\_\_\_  
Email \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_: \_\_\_\_\_ a.m. / p.m.

Location of Event:  
\_\_\_\_\_

City Employees Involved:  
\_\_\_\_\_

Was any person injured? Yes / No If so, identify the person and describe the injury:  
**(Attach medical estimates/ receipts)**

Describe the property damage or harm caused:  
**(Attach estimates/ receipts) Must have at least two estimates**

To vehicle(s):  
\_\_\_\_\_

To Equipment:  
\_\_\_\_\_

To other property:  
\_\_\_\_\_

Non-employees Involved/ Witnesses:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

CITY ATTORNEY  
OFFICE

O 801.483.6068  
F 801.464.6001

CHERIE WOOD  
MAYOR

220 E MORRIS AVE  
SUITE 200  
SOUTH SALT LAKE CITY  
UTAH  
84115  
O 801.483.6000  
F 801.483.6001

Describe the event in greater detail. Please explain why you feel the City is at fault for the damages described above. Explain any action you took to avoid or mitigate the effects of the event.

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STATE OF UTAH  
COUNTY OF SALT LAKE

\_\_\_\_\_ being duly sworn on oath deposes and says that he/ she has read the foregoing and that the same is true to his/ her best knowledge. I understand that my filing of a materially false statement may constitute fraud and subject me to criminal prosecution.

Date: \_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
Residing in \_\_\_\_\_ County