

NOTICE OF CLAIM

Section 137 of the City Charter of the City of Paris, Texas requires that written notice of claim be filed with the City Manager or the City Clerk within thirty (30) days after the injury or property damage occurred stating where and how the injury or damage was sustained and setting forth the extent of the injury or damage as accurately as possible.

NAME OF CLAIMANT _____

ADDRESS _____

PHONE (DAY) _____ **(EVENING)** _____

DATE OF INCIDENT _____ **TIME** _____ **A.M.** _____ **P.M.**

LOCATION OF INCIDENT _____

DESCRIBE DAMAGE TO PROPERTY (INCLUDE AGE AND VALUE WHEN NEW) _____

CURRENT LOCATION OF DAMAGED PROPERTY _____

DESCRIBE ANY INJURIES SUSTAINED: _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

DESCRIPTION: _____

DESCRIBE HOW INCIDENT OCCURRED (GIVE FULL DETAILS; ATTACH ADDITIONAL PAGES, IF NECESSARY.) _____

AMOUNT CLAIMED (ATTACH ESTIMATES OF REPAIRS) _____

DO YOU CARRY INSURANCE FOR THIS LOSS? Yes _____ No. _____

IF YES, PROVIDE THE NAME, ADDRESS, TELEPHONE & FACSIMILE NO. FOR YOUR INSURANCE COMPANY. _____

TYPE: _____ HOMEOWNERS _____ STANDARD FIRE _____ AUTO _____ OTHER

POLICY No.: _____ AGENT: _____

HAVE YOU MADE A CLAIM AGAINST YOUR INSURANCE COMPANY: Yes ___ No ___

DESCRIBE ANY EFFORTS BY YOU TO PREVENT THE INCIDENT OR TO MINIMIZE THE DAMAGES:

WITNESSES

NAME: _____ PHONE (DAY) _____

ADDRESS: _____ PHONE (EVENING) _____

NAME: _____ PHONE (DAY) _____

ADDRESS: _____ PHONE (EVENING) _____

IF CLAIM INVOLVED ALLEGED DEFECT IN CITY STREET, EQUIPMENT, OR OTHER PROPERTY, COMPLETE THE FOLLOWING:

DESCRIBE DEFECT: _____

NOTIFICATION TO CITY PRIOR TO INCIDENT:

DATE _____ TIME _____ A.M. ___ P.M. EMPLOYEE NOTIFIED _____

NOTIFICATION TO CITY AFTER INCIDENT:

DATE _____ TIME _____ A.M. ___ P.M. EMPLOYEE NOTIFIED _____

IF CLAIM INVOLVED A VEHICLE COLLISION, COMPLETE THE FOLLOWING:

WAS A PEACE OFFICER'S ACCIDENT REPORT MADE? Yes _____ No. _____

CLAIMANT:

VEHICLE YEAR MODEL: _____ COLOR: _____

MAKE & MODEL: _____

DRIVER'S NAME: _____

I HEREBY DECLARE THAT THE FACTS STATED IN THIS NOTICE ARE TRUE.

CLAIMANT'S SIGNATURE: _____

SUBSCRIBED AND SWORN TO BEFORE ME this the ____ day of _____, ____.

Notary Public State of Texas