

Town of Florence

775 N. Main Street, P O Box 2670, Florence, Arizona 85132

NOTICE OF CLAIM AGAINST THE TOWN OF FLORENCE

The undersigned submits the following information and makes claim against the

City/Town of _____ and/or employee _____

As follows:

1. CLAIMANT INFORMATION

Claimant name: _____

Address: _____

City: _____

State _____

Zip Code _____

Phone # _____

Home _____

Work/Cell _____

Date of Birth: _____

Email: _____

2. OCCURRENCE OR EVENTS GIVING RISE TO THE CLAIM

Date of Occurrence _____

Time _____

Location of Occurrence _____

Provide the specifics of the occurrence, event, act or omission that you claim caused your injury or damage.

Describe how or why you believe the Town or employee was at fault

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If this was a vehicle accident, state what road or highway the accident occurred on

Your vehicle license number _____

Year

Make

Model

The license of the Town vehicle: _____

Name of the Town driver: _____

Was a police report filed?

Yes

No

I Don't Know

Police agency involved _____

3. DESCRIPTION OF PROPERTY DAMAGE AND INJURIES

Describe the property that was damaged

Dollar amount for which you would settle your property damage claim:

\$ _____

Describe the personal injuries suffered

Dollar amount for which you would settle your personal injury claim

\$ _____

(Attach receipts, or other documentation of the amounts claimed. Attach medical reports where available).

Total amount for which you would settle all property damage and personal injury claims relating to this incident:

\$ _____

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4. **WITNESSES**

List all witnesses, with their name(s), address and phone #

5. Are there any additional comments, details or information you want us to consider in responding to your claim?

6. By signing, you verify the information presented in this claim is true to the best of your knowledge and belief.

Signature Date

7. Notice of Claim received by:

Name Date Time

Please fill in ALL INFORMATION requested above or your notice of claim may be deemed defective. All notices must be signed and dated. Town must also indicate above, the date and time received.

THE ARIZONA MUNICIPAL RISK RETENTION POOL AND SOUTHWEST RISK SERVICES ARE NOT AUTHORIZED AGENTS TO RECEIVE ANY NOTICE OF CLAIM UNDER A.R.S. §12-821.01. ALL NOTICES OF CLAIM MUST BE LEGALLY SERVED ON THE TOWN OR CITY AND, ON EACH INDIVIDUAL WHOM YOU CLAIM TO BE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

THIS FORM WAS CREATED FOR YOUR CONVENIENCE. HOWEVER, THE TOWN OR CITY THAT IS PARTY TO THIS MATTER DOES NOT WAIVE ANY OF ITS RIGHTS OR DEFENSES FOR YOUR FAILURE TO COMPLY WITH ALL NOTICE OF CLAIM REQUIREMENTS ESTABLISHED BY ARIZONA STATUTE AND LAW. UNDER A.R.S. §12-821.01, YOU ARE REQUIRED TO STATE YOUR DAMAGES WITH A SPECIFIC DOLLAR AMOUNT FOR WHICH YOU WILL SETTLE YOUR CLAIM AND, TO SUPPORT THAT AMOUNT WITH EVIDENCE. YOUR NOTICE OF CLAIM WILL BE DEEMED DEFECTIVE WITHOUT THIS INFORMATION.