

NOTE: Read entire claim form
before completing

MAIL TO: Legal Dept.
City Hall
400 Robert D. Ray Dr.
Des Moines, IA 50309

CLAIM FOR DAMAGES – GENERAL

Name: _____

Home Address: _____
(number and street) (city, state, zip)

Home Phone: _____ **Cell Phone:** _____ **Business Phone:** _____ **Fax:** _____

INCIDENT: Date: _____ Time: _____ (am/pm) Place: _____

Weather conditions: _____

Condition of street or sidewalk: _____

What happened? _____

INJURED PERSON(S):

Name: _____ Age: _____ Address: _____

Type of injury: _____

Where treated: _____

Name: _____ Age: _____ Address: _____

Type of injury: _____

Where treated: _____

PLEASE COMPLETE OTHER SIDE

WITNESS(ES):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name any City employee or WRA representative who witnessed this occurrence, investigated it, or that you notified:

Name: _____ Department: _____

How are they involved? _____

INSURANCE:

Do you have insurance to cover your loss? _____

Name of insurance company: _____

Type of coverage: _____

PROPERTY DAMAGE:

Describe any damage to your personal property:

<u>Item damaged</u>	<u>Date purchased</u>	<u>Replacement cost</u>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Why do you feel the City or WRA was responsible for this occurrence? _____

Claimant Signature: _____ Date: _____

****THIS FORM MAY BE SUBJECT TO PUBLIC RELEASE. PLEASE "X" HERE IF THIS DOCUMENT SHOULD BE CONSIDERED IN-OFFICE USE ONLY _____****