CLAIM NUMBER _____

NOTICE OF CLAIM

CHAPTER X OF THE CHARTER OF THE CITY OF ARLINGTON REQUIRES WRITTEN NOTICE BEFORE ANY CLAIM FOR PERSONAL INJURY OR PROPERTY DAMAGE MAY BE CONSIDERED. THIS FORM MUST BE COMPLETED AND FILED **WITHIN 180 DAYS** OF THE INJURY OR DAMAGE WITH:

City of Arlington
Karen Barlar/City Secretary
Post Office Box 90231-MS#01-0110
101 West Abram Street
Arlington, Texas 76004-3231

PLEASE COMPLETE BOTH SIDES OF THIS FORM. ALL QUESTIONS REGARDING YOUR CLAIM SHOULD BE DIRECTED TO THE WORKFORCE SERVICES DEPARTMENT AT (817) 459-6849.

IF A MEETING IS NECESSARY, APPOINTMENTS ARE REQUESTED TO ENSURE THE APPROPRIATE STAFF IS AVAILABLE TO ASSIST YOU.

I. _____
Full Name Phone Number (s)

_____
Mailing Address City State Zip

II. The TOTAL amount of your claim against the City is $ _____.

III. State the location, date, and time of the personal injury or property damage.

Location: _____

Date: _____ Time: _____

IV. How did the personal injury or property damage occur?

_____

_____

_____

_____

V. Why do you believe the City of Arlington is responsible for the injury or damage?

_____

_____

_____

VI. Provide the names, addresses and phone numbers of any witnesses, and/or City employees involved.

_____

_____

_____

_____

VII. Complete the following section for Property Damage Claims:
(Specify the property damaged and attach repair bills or at least two estimates.)

_____

_____

_____

_____

VIII. Complete the following section for Personal Injury Claims:
(Specify all personal injuries you claim and attach copies of all medical reports, medical bills, lost wage statements, and any other documents to support your claim.)

_____

_____

_____

_____

_____ _____
Date Signature of Claimant

*_____
Social Security Number

***YOUR SOCIAL SECURITY NUMBER IS REQUESTED TO COMPLETE THE REPORTING REQUIREMENTS OF AN IRS 1099 FORM, SHOULD A CLAIM SETTLEMENT BE MADE.**

Revised 8/27/09.