



NOTICE OF CLAIM

Personal Injury/Property Damage

(Attach all supporting documentation)

Contact Information:

Name: _____
 (First) (Middle Initial) (Last)

Address: _____
 (Street Number) (Street Name) (City/State/Zip)

Telephone: _____
 (Home) (Work) (Cell)

Incident Information:

Address where incident occurred: _____
 (Street Number/Name) (City)

Date of Incident: ____ / ____ / ____ Time: ____ : ____ AM PM Estimated Damage Value: \$ _____

Describe in your own words, when and how the damage or injury occurred. You may use the back side of this form or attach additional pages as necessary. Include complete name, address and phone number of others involved and/or witnesses. Attach copies of any repair bills, estimates, medical bills or other documentation that supports your claim. Claim must be received at the address below within six (6) months of injury or property damage.

Acknowledgement:

By signing below, I acknowledge that the information contained in this NOTICE OF CLAIM is true and correct to the best of my knowledge.

Date: _____ Print Name: _____ Signature: _____

Remit to:

Danielle Hackbusch
 Human Resources/Risk Management
 3805 Adam Grubb
 Lake Worth, TX 76135
 817-237-1211 ext 242 Fax: 817-237-1333
 Email: dhackbusch@lakeworthtx.org

Office Use Only

Date Received: ____ / ____ / ____
 Received by: _____
 Forward to TML Yes No Date Mailed: _____