



Notice of Claim Against the City of Lake Worth

Please Print or Type Only

Personal Injury – Property Damage

Date of Birth: **SSN:

Print Full Name: Primary Phone:

Mailing Address: City: State: Zip:

E-Mail Address: Total Amount of Claim Against the City:

Location of Incident:

Date of Incident: Approximate Time: AM PM

Describe in your own words where, when, and how the damage or injury occurred. Attach copies of any bills, estimates, photographs, medical reports, or any other supporting documents.

Were you or anyone else injured? Yes No

Were there any witnesses? Yes No If yes, please identify:

Has the incident been reported to a City employee or department? Yes No

If yes, name of employee/department:

Has the police department been notified? Yes No Police Report Number:

FOR ALL CLAIMS – Have you submitted a claim to your insurance carrier? Yes No

THIS FORM MUST BE SIGNED AND DATED AS ACKNOWLEDGEMENT THAT ALL OF THE STATEMENTS MADE IN THIS CLAIM ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE:

Signature Date

**Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA Section 111)

Under MMSEA Section 111, any governmental entity that pays settlement, judgment, award or other payment after July 1, 2009 is required to report that claim to Medicare. To meet these mandatory reporting requirements, you will be required to submit your date of birth and social security number before payment is made regardless of the type claim you submit.

NOTICE OF CLAIM AGAINST THE CITY OF LAKE WORTH

SECTION 9.08 SPECIAL PROVISION COVERING DAMAGE SUITS Before the City shall be liable for a claim or suit for personal injury or damage to property, the person who is injured or whose property is damaged, or someone on the person's behalf, shall give the City Manager or the City Manager's designee notice in writing duly verified within thirty (30) days after the occurring of the alleged injury or damage was sustained, and setting forth the extent of the injury or damage as accurately as possible, and giving the names and addresses of all witnesses and upon whose testimony such person is relying to establish the injury or damage. No action at law shall be brought against the City for personal injury or damage to property prior to the expiration of sixty (60) days after the notice hereinbefore described has been filed with the City Manager or the City Manager's designee.

YOU MAY SUBMIT THE COMPLETED CLAIM FORM ONE OF TWO WAYS:

Mail or Hand Deliver: City of Lake Worth Risk Manager 3805 Adam Grubb Lake Worth, Texas 76135	E-Mail: noticeofclaims@lakeworthtx.org	Fax: (817) 237-9684
--	--	--------------------------------------
