

City of Bullhead City

Notice of Claim

2355 Trane Road, Bullhead City, AZ 86442 (928)763-9400

The undersigned submits the following information and makes claim against the City of Bullhead

City and/or employee _____ as follows:

1. CLAIMANT INFORMATION

Claimant name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # Home: _____ Work/Cell: _____

Date of Birth: _____

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 City was at fault. _____

Your vehicle license number: _____

Year _____ Make _____ Model _____

The license of the City vehicle: _____

Name of the City driver: _____

Was a police report filed? Yes No Unknown

Police agency involved: _____

