City of Bullhead City

Notice of Claim

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

| City | and/or employee | | | | as follows: | | |
|------|--|-------------------------|--------------|----------------------------|-------------------------------|--|--|
| ١. | CLAIMANT INFORMATION | | | | | | |
| | Claimant name: | | | | | | |
| | Address: | | | | | | |
| | City: | | | State: | Zip Code: | | |
| | Phone # Hom | | | 1.0 (m. ml s) | Cell: | | |
| | Date of Birth: | | | | | | |
| 2. | OCCURRENCE OR EVENTS GIVING RISE TO THE CLAIM | | | | | | |
| | Date of Occurrence: | | Time: | | | | |
| | Location of Occurrence: | | | | | | |
| | Location of Occurrence | , c | | | | | |
| | | | | | on that you claim caused your | | |
| | Provide the specifics of | of the occur | rence, event | , act or omissio | | | |
| | Provide the specifics of injury or damage. | of the occur | rence, event | , act or omissio | on that you claim caused your | | |
| | Provide the specifics of injury or damage. | of the occur | rence, event | , act or omissio | on that you claim caused your | | |
| _ | Provide the specifics of injury or damage. | of the occur | rence, event | , act or omissio | on that you claim caused your | | |
| _ | Provide the specifics of injury or damage. Describe how or why | of the occur | the City was | , act or omission | on that you claim caused your | | |
| _ | Provide the specifics of injury or damage. Describe how or why | of the occur | the City was | , act or omission | on that you claim caused your | | |
| _ | Provide the specifics of injury or damage. Describe how or why | of the occur | the City was | , act or omission | on that you claim caused your | | |
| - | Provide the specifics of injury or damage. Describe how or why | of the occur | the City was | , act or omission | on that you claim caused your | | |
| - | Provide the specifics of injury or damage. Describe how or why your vehicle license not year | you believe umber: | the City was | act or omissions at fault. | on that you claim caused your | | |
| - | Provide the specifics of injury or damage. Describe how or why the specific of the City of the specific of the City of the ci | you believe umber: Make | the City was | , act or omission | on that you claim caused your | | |
| | Provide the specifics of injury or damage. Describe how or why your vehicle license not year | you believe umber: Make | the City was | act or omissions at fault. | on that you claim caused your | | |

| 3. | DESCRIPTION OF PROPERTY DAMAGE AND INJURIES (Attach receipts, or other documentation of the amounts claimed. Attach medical reports where available) Describe the property that was damaged: | | | | | | |
|----|---|------|------|--|--|--|--|
| | | | | | | | |
| | Dollar amount for which you would settle your property damage cla | aim: | \$ | | | | |
| | Describe the personal injuries suffered: | | | | | | |
| | Dollar amount for which you would settle your personal injury clain | າ: | \$ | | | | |
| | Total amount for which you would settle <u>all</u> claims relating to this ir (REQUIRED by A.R.S. §12-821.01 to file a valid claim against the | | \$ | | | | |
| 4. | WITNESSES | | | | | | |
| | List all witnesses, with their name(s), address and phone #: | | | | | | |
| 5. | List any additional information you want us to consider in responding to your claim: | | | | | | |
| 6. | By signing, you verify the information presented in this claim is true to the best of your knowledge and belief. | | | | | | |
| | Signature | Γ | Date | | | | |
| 7. | Notice of Claim received by: | | | | | | |
| - | Name Date | Т | ïme | | | | |

Please fill in ALL INFORMATION requested above or your notice of claim may be deemed defective. All notices must be signed and dated and include a TOTAL AMOUNT FOR WHICH YOU WOULD SETTLE ALL CLAIMS, along with any supporting evidence. The City must also indicate the date and time received above.

This form is for your convenience. The City does not waive any of its rights or defenses for your failure to comply with all notice of claim requirements of Arizona law (see A.R.S. 12-821.01).