Town of Eagar

Notice of Claim

P.O. Box 1300 / 22 W. 2nd Street, Eagar, AZ 85925

NOTICE OF CLAIM AGAINST THE CITY/TOWN OF _____

The undersigned submits the following information and makes claim against the City/Town of _____, and/or employee _____ as follows.

1. **CLAIMANT INFORMATION**

Claimant name: _____

Address (mailing): _____

Address (physical) _____

City: _____ State: _____ Zip Code: _____

Home Ph. _____ Work Ph. _____

Cell Ph. _____

Date of Birth: _____

2. **OCCURRENCE OR EVENTS GIVING RISE TO THE CLAIM**

Date of Occurrence _____ Time _____

Location of Occurrence _____

Give specifics of the occurrence, event, act or omission that you claim caused your injury or damage _____

_____

_____

_____

_____

_____

3. Describe how or why you believe the City/Town or employee was at fault _____

_____

_____

_____

_____

4. If this was a vehicle accident, state what road or highway the accident occurred on

_____

5. Your vehicle license number _____

Year _____ Make _____ Model _____

6. The license of the City/Town vehicle _____

7. Name of the City/Town driver _____

8. Was a police report filed? Yes ☐ No ☐ I Don't Know ☐

Police agency involved _____

Report Number _____

9. **DESCRIPTION OF PROPERTY DAMAGE AND INJURIES**

Describe the property that was damaged _____

_____

_____

Dollar amount of property damage claimed $ _____

10. Describe the personal injuries suffered _____

_____

_____

Dollar amount of personal injuries suffered $ _____
(Attach receipts, or other documentation of the amounts claimed. Attach medical reports where available).

TOTAL DAMAGES CLAIMED $ _____

11. **WITNESSES**

List all witnesses, with their name(s), address and phone.

_____

_____

_____

12. Are there any additional comments, details or information you want us to consider in responding to your claim? _____

_____

13. By signing, you verify the information presented in this claim is true to the best of your knowledge and belief.

Signature _____ Date _____

14. Notice of Claim Received by: *

Name_____ Date _____ Time _____

Please fill in ALL INFORMATION requested above or your Notice may be returned as defective. All Notices must be signed and dated. Town or City must also indicate above date and time received.*

THE ARIZONA MUNICIPAL RISK RETENTION POOL AND SOUTHWEST RISK SERVICES IS NOT AN AUTHORIZED AGENT TO RECEIVE NOTICE OF CLAIM UNDER A.R.S. 12-821.01. ALL NOTICES MUST BE SENT TO THE TOWN OR CITY. THIS FORM WAS CREATED FOR YOUR CONVIENENCE, HOWEVER THE GOVERNMENT ENTITY AS PARTY TO THIS MATTER DOES NOT WAIVE ANY OF ITS LEGAL RIGHTS, OR DEFENSES FOR YOUR FAILURE TO COMPLY WITH ALL NOTICE OF CLAIM REQUIREMENTS ESTABLISHED BY ARIZONA STATUTE AND LAW.

UNDER A.R.S. 12-821.01 YOU ARE REQUIRED TO STATE YOUR DAMAGES WITH A SPECIFIC DOLLAR AMOUNT AND SUPPORT THAT AMOUNT. YOUR CLAIM WILL BE DEEMED DEFECTIVE WITHOUT IT.