



Springville City

110 S Main, Springville, Utah 84663
Phone: 801-489-2700 Fax: 801-491-7894

NOTICE OF CLAIM FORM

UNDER STATE LAW, THE CITY HAS 60 DAYS IN WHICH TO RESPOND TO A CLAIM. IF THE CITY DOES NOT RESPOND WITHIN 60 DAYS, THE CLAIM IS DEEMED DENIED.

This form is to be used for claims for damage believed to be caused by Springville City. Each blank must be filled out completely. If the information sought is not applicable, mark "NA" in the blank. If additional space is needed for your response, attach additional sheets of paper. PLEASE TYPE OR PRINT IN BLACK INK.

Name:

Telephone:

Street Address:

City:

State:

Zip:

Claimed Amount of Loss: \$

Date & Time of Incident:

Location:

DESCRIPTION OF THE INCIDENT: (Describe the manner in which the loss occurred. If the loss involves an automobile accident, show the direction, speed and point of impact.) If additional space is needed please attach additional sheets of paper.

DESCRIPTION OF THE LOSS: (If available, attach copies of the repair estimates.) If additional space is needed please attach additional sheets of paper.

WITNESSES TO THE INCIDENT:

| Name | Address | City, State, Zip | Phone |
|------|---------|------------------|-------|
| | | | |
| | | | |
| | | | |

Was the loss/accident investigated by any law enforcement agency? ___ Yes ___ No

If yes, which agency? _____

If available, attach a copy of the investigating officer's report.

Is this loss covered by insurance? ___ Yes ___ No

If yes, Insurance Companies Name: _____ Policy #: _____

If damage to real property, owner of the property: _____

Has the damage been appraised or repairs estimated? ___ Yes ___ No

If yes, by whom? _____
(Please attach a copy of the estimate.)

I certify under penalty of perjury, that the foregoing statements are true to the best of my knowledge and belief. I understand that my filing of a materially false statement may constitute fraud and subject me to criminal prosecution.

Date: _____ Signed: _____

STATE OF UTAH }
 } ss
COUNTY OF UTAH }

On the _____ day of _____, 20____, _____

Personally appeared before me and, being by me duly sworn, did say the foregoing statements are true to the best of his/her knowledge and belief.

NOTARY PUBLIC residing in _____

My commission expires _____

Notary Signature _____



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NOTICE OF CLAIM FORM

Dear Claimant:

Attached is the Notice of Claim Form that was requested. This form is to be used for claims for damage believed to be caused by Springville City. Each blank must be filled out completely and the claimant's signature notarized. If the information sought is not applicable, mark "NA" in the blank. If additional space is needed for your response, attach additional sheets of paper. Failure to properly complete the claim form may cause a delay in processing and/or possible denial of the claim.

When the Notice of Claim Form is received a thorough investigation of the claim will be completed and the City's Risk Management Committee will review the claim. A written notice of settlement or denial will be mailed to the claimants address stated on the form.

Under Utah State Law, the City has 60 days in which to respond to a claim. If the City does not respond within 60 days, the claim is deemed denied.