

Springville City

110 S Main Springville, Utah 84663 (801) 491-7862 (801) 491-7894 — fax

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 of Incident:	Time of Incident:	Loca	ation:				
DESCRIPTION OF THE INCIDENT: (Describe the manner in which the loss occurred.) If additional space is needed please attach additional sheets of paper.							
DESCRIPTION OF THE LOSS: (If available, attach copies of the repair estimates and/or receipts.) 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 If yes, which agency?					_		
If available, attach a copy of the inv	estigating officer's report.						
Is this loss covered by insurance? _	Yes No						
If yes, Insurance Company's Na	me:	Pol	licy #:		_		
If damage to real property, owner o	f the property:				_		
Has the damage been repaired or r	epairs estimated? (Please atta	ach a copy of the receipt or	estimate.) Y	es No			
If yes, by whom?							
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_		imant's name ab		-		
Personally appeared before me and knowledge and belief.	d, being by me duly sworn, di	d say the foregoing stat	ements are true t	o the best of hi	s/her		
NOTARY PUBLIC residing in							
My commission expires							
Notary Signature							