Office Use
Date: _____
Time: _____
Clerk
Recd: _____

CLAIM PETITION - MISCELLANEOUS
(FOR CLAIMS OTHER THAN MOTOR VEHICLE)

Name: _____ Telephone No.: _____

Address: _____

Date of Incident: _____ Time: _____ (circle) A.M. P.M.
Month Day Year

Place of Incident: _____

State reason for this Claim: _____

_____

_____

_____

_____

_____

Describe Damages: _____

_____

_____

_____

Amount of Claim: $_____

I HEREBY CERTIFY THAT I FILED THIS DOCUMENT WITH THE CITY CLERK ON:

_____ _____
SIGNATURE *DATE*

YOU MUST SUBMIT **2 ESTIMATES AND/OR BILLS**

PLEASE ATTACH PHOTOS AND A POLICE REPORT, IF AVAILABLE