



File No. _____

CLAIM FORM

Personal Injury – Property Damage

RECEIPT OF THIS FORM BY THE CITY OF WACO IS NOT AN ADMISSION OR ACCEPTANCE OF LIABILITY.

(PLEASE PRINT IN INK)

Full Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State _____ Zip Code: _____

Location of incident: _____

Date of incident: _____ Approx Time: _____ AM
PM

Describe in your own words WHERE, WHEN, and HOW the damage or injury occurred. Attach additional pages if necessary. Give names and addresses of others involved if known.

ALL OF THE STATEMENTS MADE IN THIS CLAIM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Date Signature of Claimant

SWORN AND SUBSCRIBED BEFORE ME a Notary Public in and for the State of Texas, this _____ day of _____ 20_____.

Notary Public in and for the State of Texas

For Office Use Only:
