

## **City of Waco Claim Information**

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**ARTICLE XI SECTION 7 OF THE CHARTER OF THE CITY OF WACO REQUIRE WRITTEN NOTICE BEFORE ANY CLAIM FOR INJURY OR DAMAGE MAY BE CONSIDERED. THE CHARTER PROVISION IS QUOTED BELOW FOR INFORMATION:**

### **SECTION 7- NOTICE OF CLAIM**

The City of Waco shall not be held responsible on account of any claim for damages to any person or property unless the person making such complaint or claiming such damages shall, within thirty days after the time at which it is claimed such damages were inflicted upon such person or property, file with the City Secretary, a true statement under oath, as to the nature and character of such damages or injuries, the extent of the same, and the place where same happened, the circumstances under which happened, the conditions causing same, with a detailed statement of each item of damages and the amount thereof, and if it be for personal injuries, giving a list of the witnesses, if any known to affiants, who witnessed such accident.

**ACCEPTING THE FILING OF A CLAIM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY BY THE CITY OF WACO. THE CITY IS LEGALLY IMMUNE FROM LIABILITY, FOR MANY CLAIMS, BY COMMON LAW OF THE STATE OF TEXAS.**

**File this claim within 30 (thirty) days of the injury or property damage with the City Secretary.**

**If mailing:**

City Secretary  
City of Waco  
P.O. Box 2570  
Waco, TX 76702-2570

**For follow-up contact:**

Risk Management Department  
P.O. Box 2570  
Waco, TX 76702-2570

**If delivering:**

City Secretary's Office  
City Hall - First Floor  
300 Austin Ave.  
Waco, Texas  
(254) 750-5730



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 FILL OUT ONLINE OR PRINT AND FILL OUT IN INK)**

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work  
Phone: \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location of incident: \_\_\_\_\_ AM

Date of incident: \_\_\_\_\_ Approx Time: \_\_\_\_\_ 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.**  
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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: