NOTICE OF CLAIM AGAINST THE CITY OF TEMPLE

Complete and Return to:Trasdy Newman, Legal Specialist/Paralegal
City Attorney's Office2 North Main Street, Suite 308
Municipal Building
Temple, TX 76501P: 254-298-5674F: 254-298-5711tnewman@templetx.gov

Receipt of this claim form does not imply that the City is responsible for any damages/losses you have allegedly sustained. Once received, the claim will be forwarded to our risk pool partner, Texas Municipal League, for review and/or investigation.

Please Print and Complete Both Pages of this For	rin and a second se
FULL NAME:	PHONE NUMBERS: Home:
MAILING ADDRESS:	Business:
CITY, STATE AND ZIP CODE:	Cell:
LOCATION OF INCIDENT:	APPROXIMATE TIME AM OF INCIDENT: PM
	DATE OF INCIDENT:
DESCRIBE IN YOUR OWN WORDS WHEN OCCURRED. ATTACH ADDITIONAL PAGES HOW INCIDENT HAPPENED:	RE, WHEN AND HOW THE DAMAGE OR INJURY S IF NECESSARY.

WHO IS YOUR INSURANCE CARRIER?

FOR VEHICLE ACCIDENTS: WHAT IS THE YEAR, MAKE, MODEL, AND <u>LIENHOLDER</u> FOR DAMAGED VEHICLES?

LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL WITNESSES YOU ARE RELYING ON TO ESTABLISH YOUR CLAIM.

Signed this the ______ day of ______, 202___.

Claimant's Signature