

CITY OF BELOIT

Form CV #1

NOTICE OF CLAIM

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Phone: \_\_\_\_\_

Estimate of Damage
Auto: \$ \_\_\_\_\_
Property: \$ \_\_\_\_\_
Personal Injury: \$ \_\_\_\_\_

Specify: \_\_\_\_\_

Incident/Accident Information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_
Location: \_\_\_\_\_

CIRCUMSTANCES OF CLAIM

In the space below, briefly describe the circumstances of your claim. (Attach additional sheets if necessary) For auto damages, attach a copy of police report, if any, and attach a diagram of the accident scene including north, south, east or west corners if the accident occurred at an intersection. For personal injury, indicate nature of injury and whether or not medical attention was given and give the name of the physician. Also identify any witness to the incident/accident.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

CLAIM

Note: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim you may file a claim with the City at any time consistent with the applicable statute of limitations. However, in order for the City to formally accept or deny our claim at this time, the following claim must be completed and signed.

The undersigned hereby makes a claim against the City of Beloit arising out of the circumstances described above. The claim is for relief in the form of money damages in the amount of \$ \_\_\_\_\_ and non-monetary relief as follows:

\_\_\_\_\_
Signed: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_
\_\_\_\_\_