

NOTICE OF CLAIM FORM



FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY

CITY CLERK'S OFFICE

I / We, the undersigned, submit the following claim and information relative to damage to persons and/or personal property:

CLAIMANT CONTACT INFORMATION			
Name of Claimant(s)		Date of Birth:	
Street Address:	City:	State:	Zip Code:
Home Phone No.	Cell Phone No:		
Name, Address and Phone number to which Claimant desires notices to be sent (if other than above):			

OCCURRENCE OR EVENT FROM WHICH CLAIM ARISES:	
Date of Occurrence:	Time of Occurrence: <input type="checkbox"/> AM <input type="checkbox"/> PM
Location of Occurrence (exact and specific):	
Specify the particular occurrence, event, act or omission you claim caused the injury or damage (<i>attach additional pages as necessary</i>):	
State in what manner you believe the City of Goodyear or its employee(s) was/were at fault:	
Provide a complete description of the bodily or personal injury or loss, so far as known at the time of this claim (<i>attach additional pages as necessary</i>). If there were no injuries, please state, "no injuries."	

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Name(s) and address(es) of any other person(s) injured (if any):
Provide a description and extent of any property damage (<i>attach additional pages as necessary</i>):
Name and Address of the Owner of any damaged property:

AMOUNT OF DAMAGES CLAIMED:	
(If you are claiming multiple items, please attach a separate sheet with an itemized list of all expenses claimed)	
1. Total Amount of Property Damages (<i>attach receipts, invoices, & estimates</i>)	\$
2. Total Amount of Medical Expenses (<i>attach bills and records</i>)	\$
3. Total Amount of Other Damages or Expenses (<i>attach bills, receipts, etc.</i>)	\$
TOTAL AMOUNT OF DAMAGES FOR THIS CLAIM:	\$

OTHER INFORMATION NEEDED FOR CLAIM:		
Names, addresses & telephone numbers of all witnesses, hospitals, doctors, etc.		
Name:	Address:	Phone #:
Name:	Address:	Phone #:
Name:	Address:	Phone #:
Are there photographs available for this claim? <input type="checkbox"/> YES <input type="checkbox"/> No Photos attached? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Copies of all bills, records, receipts, estimates and/or invoices are provided with claim? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Any additional information that might be helpful in evaluating this claim:		
Please state the specific amount for which the claim(s) can be settled at this time:		\$

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ALL CLAIMS MUST COMPLY WITH A.R.S. § 12-821.01, ET SEQ., AND MUST BE FILED WITHIN 180 DAYS AFTER THE CAUSE OF ACTION ACCRUES.

BY PROVIDING THIS CLAIM FORM, OR ENTERING INTO ANY DISCUSSIONS OR NEGOTIATIONS WITH YOU, THE CITY DOES NOT WAIVE ANY OF ITS DEFENSES PURSUANT TO A.R.S. § 12-821-01, ET SEQ., OR ANY OTHER LAW.

THIS FORM IS OFFERED BY THE CITY FOR CONVENIENCE PURPOSES ONLY - THE CLAIMANT(S) REMAIN(S) SOLELY RESPONSIBLE TO ENSURE COMPLIANCE WITH STATE LAW. YOU ARE CAUTIONED THAT YOU MUST PROVIDE SUFFICIENT FACTS FOR THE CITY TO UNDERSTAND THE BASIS UPON WHICH LIABILITY IS CLAIMED AND THE FACTS SUPPORTING THE AMOUNT FOR WHICH YOU STATE THE CLAIM CAN BE SETTLED. IF YOU HAVE QUESTIONS ABOUT THIS FORM OR YOUR CLAIM, IT IS YOUR RESPONSIBILITY TO SEEK LEGAL ADVICE ON YOUR OWN AND AT YOUR OWN EXPENSE. PLEASE DO NOT CALL OR OTHERWISE CONTACT ANY EMPLOYEE OF THE CITY TO SEEK ASSISTANCE IN FILING A CLAIM.

FOR CLAIMS AGAINST THE CITY OF GOODYEAR A NOTICE OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE SERVED ON THE CITY CLERK OF THE CITY OF GOODYEAR. SERVICE CAN BE MADE BY HAND DELIVERING OR MAILING THE NOTICE OF CLAIM AND ALL SUPPORTING DOCUMENTATION TO:

**CITY CLERK
CITY OF GOODYEAR
1900 N. CIVIC SQUARE
GOODYEAR, AZ 85395**

FOR CLAIMS AGAINST ANY CITY OF GOODYEAR EMPLOYEE, ELECTED OFFICIAL, OR APPOINTED OFFICIAL, THE NOTICE OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE SERVED BY ONE OF THE MEANS SET FORTH IN RULE 4.1 OF THE ARIZONA RULES OF CIVIL PROCEDURE.

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and belief, and as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____, 20_____

CLAIMANT SIGNATURE

WARNING!!
IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM
(Penal Code A.R.S. § 13-2311 - Insurance Code 44-1220)

RECEIVED BY GOODYEAR CITY CLERK		
By:	Date:	Time:
Method of Delivery / Receipt:	<input type="checkbox"/> In Person <input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Other
Page Count:		