

# NOTICE OF CLAIM

CHAPTER X OF THE CHARTER OF THE CITY OF ARLINGTON REQUIRES WRITTEN NOTICE BEFORE ANY CLAIM FOR PERSONAL INJURY OR PROPERTY DAMAGE MAY BE CONSIDERED. THIS FORM MUST BE COMPLETED AND FILED **WITHIN 180 DAYS** OF THE INJURY OR DAMAGE WITH:

City of Arlington  
 City Secretary  
 P.O. Box 90231-MS#01-0110  
 101 West Abram Street  
 Arlington, TX 76004-3231

ALL QUESTIONS REGARDING YOUR CLAIM SHOULD BE DIRECTED TO THE WORKFORCE SERVICES DEPARTMENT AT (817) 459-6310.

**IF A MEETING IS NECESSARY, APPOINTMENTS ARE REQUESTED TO ENSURE THE APPROPRIATE STAFF IS AVAILABLE TO ASSIST YOU.**

CLAIMANT INFORMATION									
Last Name		First		M.I.					
Street Address						Apartment/ Unit #			
City		State		Zip Code					
Home Phone		Business Phone		Mobile Phone					
Email address		Social Security No.		Date of Birth					
STATEMENT OF ACCIDENT – PLEASE ANSWER EVERY QUESTION									
Accident Date				Time					
Location of Accident									
City		County		State					
DESCRIPTION OF PROPERTY DAMAGE <i>(Specify the property damaged and attach repair bills or at least two estimates)</i>									
Make of Car		Year		Model	License No.				
Registered Owner			Address		Phone				
Name of Driver		Age		Address					
Insurance Company Name			Insurance Company Phone						
Estimated cost of repairs to your auto			\$	Where is vehicle currently located?					
Describe property damaged if other than auto									
Estimated Cost of Repairs or Replacement of Damaged Property (other than auto) \$									

**DESCRIPTION OF PERSONAL INJURY**

*(Attach copies of all medical reports, medical bills, lost wage statements and any other documents to support your claim)*

Name of Injured		Address		Phone No.	
Date of Birth		Social Security No.			
How Did the personal injury occur?					
Describe injuries, treatment and give name and phone number of physician					

**LIST OCCUPANTS OF YOUR AUTOMOBILE**

Name		Address		Phone No.	
Name		Address		Phone No.	
Name		Address		Phone No.	

**WITNESSES**

*(Provide names, addresses and phone numbers of any witnesses, and/or City employee involved)*

Name		Address		Phone No.	
Name		Address		Phone No.	
Name		Address		Phone No.	

**ADDITIONAL INFORMATION**

Why do you believe the City of Arlington is responsible for the injury or damage?	

\_\_\_\_\_  
Signature of Person Submitting Claim

\_\_\_\_\_  
Date Claim Submitted