

NOTICE OF CLAIM AGAINST THE CITY OF FORT WAYNE

(Please type or print)

TO: THE CLERK OF THE CITY OF FORT WAYNE, INDIANA

In accordance with I.C. 34-4-16.5-7, you are hereby notified that I intend to hold the City of Fort Wayne, Indiana, liable for damages arising out of the following injury, loss, damage or wrongful death:

1. Date of Incident/Accident: _____ Time: _____ AM or PM
2. Location of Incident/Accident: _____
3. Person(s) involved: (Name, address, telephone numbers): _____

4. Description of Incident/Accident: _____

5. Cause of Incident/Accident: _____

6. Nature and extent of loss, injury, damage, including personal injury and property damage:

7. EXPENSE: (Itemize amounts and to whom paid, provide 2 estimates of damages)

8. Date and cause of any resulting wrongful death: _____

9. Witness(s) (Name, address and telephone numbers) _____

Dated: _____

Signature of Claimant

DO NOT WRITE IN SPACE BELOW:

PRINT NAME

Address, City, State, Zip of Claimant

Telephone Number