

NOTICE OF CLAIM AGAINST THE CITY OF FORT WAYNE
(Please type or print)

TO: THE CLERK OF THE CITY OF FORT WAYNE

In accordance with I.C. 34-13-3: 1-25, 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/PM

2. Location of Incident/Accident: _____

3. Person(s) involved (Name, address, telephone numbers): _____

4. Description of Incident/Accident (Additional pages may be attached, if necessary): _____

5. Cause of Incident/Accident: _____

6. Nature and extent of loss, injury or damage (including personal injury and property damage): _____

7. Expenses (Attach itemized amounts and to whom paid, provide two (2) estimates of damages for vehicles): _____

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

9. Witness(es) (Name, address and telephone number): _____

Date
Do not write in space below:

Signature of Claimant

Print Name

Address, City, State, Zip Code of Claimant

Telephone Number of Claimant

Authorized Agent or Attorney

DIRECTIONS:

1. This Notice must be filed with the Clerk of the City of Fort Wayne within One Hundred and Eighty (180) calendar days after the loss has occurred.
2. The Notice may be signed by an authorized agent or Attorney, if necessary, in lieu of in person.
3. For quicker handling, please serve this Notice on the City Clerk and in duplicate.
4. THE CITY OF FORT WAYNE, INDIANA TAKES NO RESPONSIBILITY WHATSOEVER FOR COMPLETENESS OF THIS FORM OR AS TO WHETHER IT CONTAINS ALL THE STATUTORY REQUIREMENTS FOR NOTICE OF CLAIM AGAINST A MUNICIPALITY.
It is prepared and supplied solely to provide uniformity and for the convenience of claimants.

ANY QUESTIONS REGARDING THIS CLAIM, PLEASE CONTACT THE RISK MANAGEMENT DEPARTMENT AT 260-427-1164.

PLEASE RETURN COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTATION TO:
City of Fort Wayne, City Clerk's Office
200 E. Berry Street, Suite 110, Fort Wayne, IN 46802