

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

Anyone who has a claim for personal injury or property damage against the City of Fort Wayne must submit the claim in writing **WITHIN 180 DAYS OF THE CLAIMED LOSS** as required in Indiana Code ch. 34-13-3. Each person claiming a loss must file a separate claim. You must provide all information requested below, sign, and date. To substantiate claimed damages, submit two estimates or a repair receipt, as well as photos. The completed notice must be delivered **in person** or by **registered or certified** mail and addressed to:

**City of Fort Wayne, Attn: City Clerk's Office, 200 E. Berry Street, Suite 110, Fort Wayne, IN 46802.**

1. **Date of Incident/Accident** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM/PM**

2. **Location of Incident/Accident** \_\_\_\_\_

3. **Person(s) involved (Name, Address, Telephone Number)** \_\_\_\_\_  
\_\_\_\_\_

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 (Attached itemized receipts and to whom paid, or provide two (2) estimates of damages costs)**  
\_\_\_\_\_  
\_\_\_\_\_

8. **Date and cause of wrongful death** \_\_\_\_\_

9. **Witness(es) Name, Address, Phone 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**

**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.**