

Town of Marana

NOTICE OF CLAIM AGAINST THE TOWN OF MARANA

The undersigned submits the following information and makes claim against the Town of Marana and/or employee _____

As follows:

1. **CLAIMANT INFORMATION**

Claimant name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. Home _____ Work/Cell _____

Date of Birth: _____ Email: _____

2. **OCCURRENCE OR EVENTS GIVING RISE TO THE CLAIM**

Date of Occurrence _____ Time _____

Location of occurrence _____

Provide the specifics of the occurrence, event, act or omission that you claim caused your injury or damage _____

Describe how or why you believe the Town and/or employee was at fault _____

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If this was a vehicle accident, state what road or highway the accident occurred on or the nearest major intersection

Your vehicle license number _____

Year _____ Make _____ Model _____

The license of the Town vehicle _____

Name of the Town driver _____

Was a police report filed? Yes No I Don't Know

Police agency involved _____

3. **DESCRIPTION OF PROPERTY DAMAGE AND INJURIES**

Describe the property that was damaged _____

Dollar amount for which you would settle your property damage claim
\$ _____

Describe the personal injuries suffered _____

Dollar amount for which you would settle your personal injury claim
\$ _____

(Attach receipts, or other documentation of the amounts claimed. Attach medical reports where available).

Total amount for which you would settle all property damage and personal injury claims relating to this incident: \$ _____

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4. **WITNESSES**

If no police report was filed, list all witnesses, with their name(s), address and phone.

5. Are there any additional comments, details or information you want us to consider in responding to your claim? _____

6. By signing, you verify the information presented in this claim is true to the best of your knowledge and belief.

Signature _____ Date _____

7. Notice of Claim Received by:

Name _____ Date _____ Time _____

THIS FORM WAS CREATED FOR YOUR CONVENIENCE. HOWEVER, THE TOWN DOES NOT WAIVE ANY OF ITS RIGHTS OR DEFENSES FOR YOUR FAILURE TO COMPLY WITH ALL NOTICE OF CLAIM REQUIREMENTS ESTABLISHED BY ARIZONA STATUTE AND LAW. UNDER A.R.S. § 12-821.01, YOU ARE REQUIRED TO STATE YOUR DAMAGES WITH A SPECIFIC DOLLAR AMOUNT FOR WHICH YOU WILL SETTLE YOUR CLAIM AND TO SUPPORT THAT AMOUNT WITH EVIDENCE. YOUR NOTICE OF CLAIM WILL BE DEEMED DEFECTIVE WITHOUT THIS INFORMATION.

FILING A VALID NOTICE OF CLAIM IS ALWAYS YOUR SOLE RESPONSIBILITY.