

Murray City Corporation Claim Form

This form is to be used to file a claim for damages you believe were caused by Murray City. It is provided for convenience only and is not a substitute for the requirements of state law and Title 63G, Chapter 7. If additional space is needed for your response, attach additional sheets of paper. Incomplete information may result in denial of your claim.

Your Name:

Address:

Phone:

Email Address:

Date/Time/Location of Occurrence:

Amount of Claim:

Description of the Incident:

(Describe the incident in as much detail as possible. Include names of all persons involved. If the incident involved an automobile accident, show the direction, speed and point of impact.)

Were the police called? If not, who was the incident reported to? (Give names, addresses and phone numbers of those notified along with the dates and times of notification.)

List the names of any city employees that may have been involved in or have any information about the occurrence.

List the names, addresses and phone numbers of any other witnesses.

Personal Injury

Did any individual involved in the incident incur a personal injury? Yes _____ No _____

If yes, list their name(s) and injuries.

Did you/they visit a medical provider (doctor, chiropractor, physical therapist, etc.)? Yes _____ No _____

If yes, list the medical provider including City, State and Zip Code:

Attach bills and/or receipts for all medical attention received which was a result of the occurrence. Additional information may be provided by attaching sheets to this claim form.

Property Damage

Describe the property and the damage incurred as a result of the occurrence.

For property claims greater than Three Thousand Dollars (\$3,000), please provide a minimum of three (3) estimates. The City reserves the right to hire an independent appraiser for all claims.

Other Insurance Coverage

List all insurance coverage for which you or your property is presently insured:

Have you filed, or will a claim be filed for any portion of these damages with any other person or company? Yes _____ No _____
If yes, with whom and for how much?

NOTICE: ALL INFORMATION ABOVE MUST BE SPECIFIC ENOUGH TO ENABLE MURRAY CITY OR ITS AGENTS TO PROPERLY EVALUATE THE CLAIM. ALL CLAIMS MUST BE FILED WITHIN ONE YEAR (Utah Code Section 63G-7-402).

I certify under penalty of perjury, that the foregoing statements are true to the best of my knowledge and belief. I understand that my filing of a materially false claim may constitute fraud and subject me to criminal prosecution.

Signed _____ Date _____

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me on this _____ day of _____ in the year _____

_____ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Witness my hand and official seal.

NOTARY PUBLIC