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City of Lansing

OFFICE OF THE CITY ATTORNEY

Brig Smith, City Attorney

Claim Form

NAME:_____ **DATE:**_____

MAILING ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP CODE:**_____

TELEPHONE: Home ( )_____ **Work ( )**_____

DATE OF INCIDENT:_____ **AMOUNT OF CLAIM:**_____

ADDRESS OR PLACE WHERE INCIDENT OCCURRED: _____

CIRCUMSTANCES:

FOR SPECIAL ASSESSMENTS & NUISANCE FEE CLAIMS PLEASE INCLUDE:

PARCEL NO._____ **ROLL NO.**_____ **AMOUNT:**_____

PROPERTY ADDRESS:_____

TAX PERIOD:_____ **DATE OF PROPERTY ACQUISITION:**_____

HAVE YOU PAID THIS SPECIAL ASSESSMENT? _____ **IF YES, WHAT AMOUNT?** _____

FOR PROPERTY DAMAGE/AUTOMOBILE CLAIMS:

NOTE: IF DAMAGE TO A VEHICLE OR PROPERTY, PLEASE ATTACH TWO ESTIMATES.

HAVE YOU FILED A CLAIM WITH YOUR INSURANCE COMPANY? _____

WHAT IS YOUR DEDUCTIBLE? _____

ATTACH INSURANCE COMPANY RESPONSE.

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