

CLAIM FORM

Please print or type

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: Home () _____ Work () _____

DATE OF INCIDENT: _____ AMOUNT OF CLAIM: _____

ADDRESS OR PLACE WHERE INCIDENT OCCURRED: _____

CIRCUMSTANCES: _____

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? _____ Amount of deductible _____

Name of Insurance company _____ Agent's name _____

Attach insurance company response. _____ Attach declaration of insurance cover sheet.

Was police involved? _____ Report taken? _____ Report #: _____

SPECIAL ASSESSMENTS & NUISANCE FEES 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? _____

Return completed claim to: **Office of Lansing City Attorney**
5th Floor, City Hall, Lansing, MI 48933
or FAX to: 517-483-4081