



Brig Smith, City Attorney

CLAIM FORM - PROPERTY DAMAGE OR PERSONAL INJURY

NAME: DATE OF BIRTH: DATE:
MAILING ADDRESS (No PO Boxes):
CITY: STATE: ZIP CODE:
TELEPHONE: Home () Work ()
DATE/TIME OF INCIDENT: AMOUNT OF CLAIM:
SOCIAL SECURITY #:
ADDRESS OR PLACE WHERE INCIDENT OCCURRED:
CIRCUMSTANCES (attach additional page(s) if necessary):

For Personal Injuries, Please Fill out This Section

EXTENT OF INJURIES (attach additional page(s) if necessary):
Did you seek medical treatment? Place of treatment:
Mode of transportation: Police/Fire Dept involved? Report #:
Are you being seen by a physician? Physician's name:
Are you seeking medical reimbursement? Amount: \$ (please attach statements)
Please provide names, addresses, telephone numbers of any witnesses (attach additional page(s) if necessary):
Claim(s) against any other party(ies)? If so, please name:

For Property Damage/Automobile Damage, Please Fill out This Section

Note: Please attach two estimates for the damage.
Have you filed a claim with your insurance company? Amount of deductible
Name of Insurance company Agent's name
Attach insurance company response.
Please provide names, addresses, telephone numbers of any witnesses(attach additional page(s) if necessary):

Return Completed Form to : Office of the City Attorney Attn: Tammy Sjolund, Fifth Floor, City Hall, Lansing, MI 48933