

# CITY OF BIRMINGHAM CLAIM FORM

CLAIMANT INFORMATION			
Name	Email Address:		
Residence Address	Res. Phone		
Employer's Name & Address			
Bus. Phone			
Occupation	Age		
CLAIM/INCIDENT INFORMATION			
Date of Incident	Time		
Location address (be specific)			
Description of Incident/Damage (write on back or attach second sheet if necessary)			
Was incident reported to Police Dept.?			
<b>Property Damage: Amount Claimed \$</b> _____ Itemize damages: For proof of damages, attach receipts, photographs, estimates and/or repair bills where possible. Property damage repairs require two estimates.	<b>Bodily Injury: Amount Claimed \$</b> _____ Attach medical report by attending physician and bills for all hospital and medical expenses claimed.		
WITNESSES			
Name	Res. Phone		
Address	Bus. Phone		
Name	Res. Phone		
Address	Bus. Phone		
SIGNATURE OF CLAIMANT			
I hereby claim damages against the City of Birmingham as shown above and affirm that the information given in support of this claim is full, true and correct and do hereby waive any and all other or additional claims arising from the described incident.	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;"><b>Claimant Signature</b></td> <td style="border: none; width: 30%;"><b>Date</b></td> </tr> </table>	<b>Claimant Signature</b>	<b>Date</b>
<b>Claimant Signature</b>	<b>Date</b>		

Acceptance of this report of incident is not an admission of liability.

**Return to: City of Birmingham**  
**PO Box 3001**  
**151 Martin**  
**Birmingham, MI 48012-3001**  
**Attention: City Manager's Office**

*City Use Only:* Date Report Received \_\_\_\_\_ via letter \_\_\_\_\_ person \_\_\_\_\_