

# CLAIMS AGAINST THE TOWN OF GILBERT

## For Damages to Persons or Personal Property

*Please be advised that you are legally responsible to take whatever steps are necessary to minimize any loss you have sustained.*

**Return to: Town Clerk's Office, 50 E. Civic Center Drive, Gilbert, AZ 85296**

**Claim must be filed within 180 days after the cause of action accrues.  
All sections of the form must be completed in its entirety.**

1. Claimant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. If a Minor, Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. Address of Claimant \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

4. Occurrence or event from which the claim arises:

a. Date of Loss \_\_\_\_\_ b. Time of Loss \_\_\_\_\_ c. Police/Fire Report No. \_\_\_\_\_

c. Location of Incident (*exact and specific*) \_\_\_\_\_

d. Specify the particular occurrence, event, act or omission you claim caused the injury or damage. (*use additional paper if necessary*) \_\_\_\_\_

e. State how or wherein the Town of Gilbert or its employees were at fault. (*use additional paper if necessary*) \_\_\_\_\_

(turn over)

5. Give the name(s) of the City employees having knowledge of or involved in the incident. *(if auto accident involving a City vehicle, please provide City vehicle description & license plate number, driver name, department)* \_\_\_\_\_

6. Describe the injury, property damage, auto damage or loss. *(include name and address of other persons injured)*

**\*\*ALL DAMAGE CLAIMS MUST BE ACCOMPANIED BY PHOTO(S) AND ESTIMATE FOR REPAIR\*\***

a. If there were no injuries, state "no injuries." \_\_\_\_\_

b. Auto damage, please draw a diagram illustrating location and how loss occurred. *(please use additional paper)*

Provide your vehicle information. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

7. Dollar amount requested to settle this incident \$ \_\_\_\_\_

a. Basis for computation of amounts claimed *(include copies of all bills, invoices, estimates, receipts etc)* \_\_\_\_\_

8. Name, address, phone numbers of all witnesses, hospitals, doctors, etc. \_\_\_\_\_

9. Any additional information that might be helpful in considering claim. *(use additional paper if necessary)* \_\_\_\_\_

**WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.**

(Sec A.R.S. 13-2310 Insurance Code 44-1220)

I have read the matters and statements made in the above claim. I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

Claimants Signature \_\_\_\_\_

**NOTE: Claims must be filed within 180 days after the cause of action accrues.**

**Notice of claims filed against a Municipality are releasable to the public upon request under the Arizona Public Records Law.**