

## Layton City Corporation Claim Against City

This form is to be used to file a claim for damages allegedly caused by Layton City. Each blank must be filled out completely; if the information sought is not applicable, mark N/A in the blank. If additional space is needed for your response, attach additional sheets of paper. Incomplete information may result in denial of this claim. PLEASE TYPE OR PRINT IN BLACK INK.

Claimant Name:

Address:

Phone:

Date/Time/Location of Occurrence:

Amount of Claim:

Description of Incident:

Please describe the incident in as much detail as possible. Include names of all persons involved. If the incident involved an automobile accident, show the direction, speed and point of impact.

Were the police called? If not, who was the incident reported to? (Please give names, addresses and phone numbers of those notified along with the dates and times of notification.)

Please list the name of any city employees that may have been involved in or have any information about the occurrence.

Please list the names, addresses and phone numbers of any other witnesses.

**Personal Injury**

Did any individual involved in the incident incur a personal injury? Yes \_\_\_\_ No \_\_\_\_

If yes, type of injury:

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Did you/they visit a doctor? Yes \_\_\_\_ No \_\_\_\_ If yes, list the doctor and/or hospital including City, State and Zip Code:

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Please attach bills and/or receipts for all medical attention received which was a result of the occurrence. Additional information may be provided by attaching sheets to this claim form.

**Property Damage**

Describe the property and the damage incurred as a result of the occurrence. **Attach at least two estimates for repair of the damaged property.**

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**Other Insurance Coverage**

List all insurance coverage for which you or your property is presently insured:

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Have you filed, or will a claim be filed for any portion of these damages with any other person or company?

Yes \_\_\_\_ No \_\_\_\_ If yes, with whom and for how much?

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**NOTICE: ALL PARTICULARS ABOVE MUST BE SPECIFIC ENOUGH TO ENABLE OFFICERS OF LAYTON CITY OR THEIR AGENTS TO FIND THE PLACE AND CAUSE OF INJURY. ALL CLAIMS MUST BE FILED WITHIN ONE YEAR (UCA 10-7-77 AND 63-30-13). ALL CLAIMS NOT APPROVED WITHIN 90 DAYS AFTER FILING ARE DEEMED DENIED.**

I certify under penalty of perjury, that the foregoing statements are true to the best of my knowledge and belief. I understand that my filing of a materially false claim may constitute fraud and subject me to criminal prosecution.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public