



CLAIM
AGAINST THE CITY

This form serves as the official filing of a claim against the City of Waverly, Iowa. Please complete the report in full; the information you provide will constitute your formal claim. Please note that only the statements and details included in this written report will be considered part of your claim. **Any verbal statements made by you—or to you—by City of Waverly employees are not part of this report and cannot waive any legal requirements associated with submitting your claim.** (Use additional sheets if needed.)

TO: City of Waverly, Iowa

You are hereby notified of the following claim made by the undersigned as a result of the incident described in this report:

Before completing this form, please ensure you have contacted your personal homeowners, auto, and/or medical insurance provider to determine whether a claim should also be submitted with them. This is important in the event that the City's insurance denies coverage.

If you have not yet contacted your insurance company, please do so. Submission of this form does not guarantee coverage. Your claim will be reviewed by the City of Waverly's insurance carrier, and a full investigation will be conducted to determine whether the City holds any liability. Filing a claim with your own insurance is strongly recommended to ensure your damages or expenses are appropriately addressed.

Have you been compensated for any part or all of your claim by any insurance company? Yes No

If Yes, Please list the name and address of the insurance company and the amount paid here:

Name of Claimant: _____

Address: _____

Telephone Number: _____ Email: _____

Date of Loss: _____ Time of Loss: _____

Location of incident loss on property. (Be specific): _____



Describe the incident that caused damage and any damage done to your property. (Give full details of the claim, including the weather conditions at the time.)

Please attach estimates of damages and photos of the damage. Claims without estimates and photos, may be subject to immediate denial.

Did you contact any City employees about the claim? Yes No

If Yes, Please list the names of the City employees and how you contacted them (by phone or email) here:

Were there any other witnesses to the loss? Yes No

If Yes, Please list the names and phone numbers of any witnesses here:

Did police investigate the accident? Yes No

If Yes, Please list the names of the Officers here:

Was anyone injured in this incident? ____ Yes ____ No

If Yes, Please list the name, address, and the extent of the injuries to each individual injured here:

What amount do you intend to claim in damages from the City of Waverly? _____

Have you made any claim against anyone else for damages as a result of this incident? ____ Yes ____ No

If Yes, Please list the name and address of any individuals you have made an additional claim against for this incident here:

Have you received any payments from the individuals listed above? ____ Yes ____ No

If Yes, Please list the amount of payment here: _____

Dated this _____ day of _____, 20 _____

Signature

Return to: City Administration Office
City of Waverly
P.O. Box 616
Waverly, IA 50677

Received this _____ day of _____, 20 _____

Claims Coordinator

Date

Department Head

Date

City Administrator

Date

For Office Use Only

Reviewed by Committee ____ Date: _____

Determination: _____

Submitted to Insurance ____ Date: _____

Determination: _____