



CLAIM
AGAINST THE CITY

This is a filing of a claim against the City of Waverly, Iowa. You should complete this report in full and the written report constitutes your claim against the City of Waverly, Iowa. You are advised that no representations made by you to any employee of the City of Waverly, Iowa, are a part of this report unless in the report and that no representation made to you by any employee of the City of Waverly, Iowa, can in any way waive any of the requirements of the law as to this report of your claim. (Use additional sheets if necessary.)

TO: CITY OF WAVERLY, IOWA

You are hereby notified of the following claim made upon you by the undersigned as a result of the loss report herein:

- 1. **NAME OF CLAIMANT:** _____

- 2. **ADDRESS:** _____

- 3. **TELEPHONE NUMBER:** _____

- 4. **DATE OF LOSS:** _____

- 5. **TIME OF LOSS:** _____

- 6. **LOCATION OF ACCIDENT OR LOSS. (BE SPECIFIC):** _____

- 7. **DESCRIBE THE ACCIDENT OR OCCURRENCE, WHICH CAUSED INJURY OR DAMAGE. (GIVE FULL DETAILS UPON WHICH YOU HAVE YOUR CLAIM. IF AN EMPLOYEE WAS INVOLVED, GIVE THEIR NAME.)** _____

8. **WHAT WERE WEATHER CONDITIONS LIKE?** _____
9. **GIVE NAME AND ADDRESS OF ANY WITNESSES.** _____

10. **DID POLICE INVESTIGATE THE ACCIDENT? IF SO, GIVE NAME OF POLICE OFFICERS.**

11. **WAS ANYONE INJURED? IF SO, GIVE NAME, ADDRESS AND EXTENT OF INJURIES.**

12. **WAS ANY DAMAGE DONE TO PROPERTY? IF SO, DESCRIBE PROPERTY AND EXTENT OF DAMAGE. ATTACH ESTIMATES OF DAMAGES OR DESCRIBE BASIS FOR ASCERTAINING EXTENT OF DAMAGES.** _____

13. **WHAT OTHER DAMAGES, IF ANY, DO YOU CLAIM?** _____

14. **HAVE YOU BEEN COMPENSATED FOR ANY PART OR ALL OF YOUR CLAIM BY ANY INSURANCE COMPANY? IF SO, GIVE NAME, ADDRESS, AND AMOUNT PAID.**

15. **WHAT AMOUNT DO YOU CLAIM IN DAMAGES FROM THE CITY OF WAVERLY?**

16. **HAVE YOU MADE ANY CLAIM AGAINST ANYONE ELSE FOR DAMAGES AS A RESULT OF THIS ACCIDENT? IF SO, GIVE NAME AND ADDRESS.**

17. **IF THE ANSWER TO QUESTION 16 IS “YES”, HAVE YOU RECEIVED ANY PAYMENT FROM THAT SOURCE. IF SO, IN WHAT AMOUNT?**

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 _____

ADMINISTRATION OFFICE COORDINATOR

DATE

DEPARTMENT HEAD

DATE

CITY ADMINISTRATOR

DATE

For Office Use Only

Submitted to Insurance ____ Date: _____