CITY OF BOONE

CLAIM FORM

This is a filing of a claim against the City of Boone, Iowa. You should complete this report in full and the written report constitutes your claim against the City of Boone, Iowa. You are advised that no representations made by or to any employee of the City of Boone, Iowa is a part of this report unless in the report and that no representation made to you by any employee of the City of Boone, Iowa can in any way waive any of the requirements of the law as to this report of your claim. You are further advised that failure to file this report within sixty days of the date of the accident may invalidate your claim against the City of Boone, Iowa.

Name of Claimant (Last, First, Middle Initial)		**Social Security Number (injury claims only)**
Address of Claimant (Street, City, State, Zip)		**Date of Birth (injury claims only)**
Home phone	**Cell Phone**	**Email Address**

Date and time of loss	**What were the weather conditions?**
Location of accident or loss (Be Specific)	
Give name, address, and telephone number of any witnesses	
If injury occurred, did it occur while working? If so, do you have an open work comp claim? Who is your work comp insurance carrier?	
Did the police investigate the accident? If so, give names of Police Officers	

Describe accident or occurrence which caused injury or damage. Give full details upon which you have your claim. If a City Employee was involved, give their name.

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Was anyone injured? If so, give names, address, telephone number, and extent of injury

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Was any damage done to property? If so, describe property and extent of damage. Attach pictures, estimates of damage or describe basis for ascertaining extent of damage.

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What other damages do you claim, if any?

Have you been compensated for any or all of your claim by any insurance company? If so, give name and address of company and amount paid.

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What amount do you claim in damages from the City of Boone, Iowa?

Have you made any claim against anyone else for damages as a result of this accident? If so, give names, address and amount received.

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Signature:_____ Date:_____