



City of Southaven Report of Claims

<i>CITY USE ONLY</i>
DATE FILED

CLAIMANT	NAME (FIRST - MIDDLE - LAST, OR BUSINESS NAME)	<u>DATE OF BIRTH</u>	<u>HOME PHONE</u>
CURRENT HOME ADDRESS (NUMBER - STREET - CITY - STATE - ZIP)			<u>BUS. PHONE</u>
HOME ADDRESS AT THE TIME THE CLAIM AROSE (NUMBER - STREET - CITY - STATE - ZIP)		<u>CELL PHONE</u>	<u>E-MAIL ADDRESS</u>

ACCIDENT/LOSS	DATE	TIME
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LOCATION/SITE	BE VERY SPECIFIC: STREETS, ADDRESSES, etc.
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WHAT HAPPENED?	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE. (additional space on reverse side or attach additional pages and supportive documents as needed)
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NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THIS INCIDENT	CITY DEPT?
1) _____ 2) _____ 3) _____	CITY EMPLOYEE
Ph: _____ Ph: _____ Ph: _____	CITY VEHICLE NUMBER, LICENSE, etc.

WAS YOUR PROPERTY DAMAGED? (i.e. Home, Auto, Personal Property)
FULLY DESCRIBE - SUCH AS AGE, MAKE, MODEL, CONDITION, VALUE, OR EXTENT OF DAMAGE ATTACH THREE (3) ESTIMATES OF DAMAGE

WERE YOU INJURED?	<input type="checkbox"/> YES IF YES, THEN COMPLETE THE FOLLOWING: <input type="checkbox"/> NO (additional space on reverse side or attach additional pages and supportive documents as needed)
DESCRIBE YOUR INJURY (IDENTIFY YOUR DOCTOR(S))	

AMOUNT CLAIMED (if known)	\$
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SIGNATURE OF CLAIMANT (AND TITLE, IF A BUSINESS)	I declare under penalty of perjury under the laws of the State of Mississippi that the foregoing is true and correct EXECUTED this _____ day of _____, _____ X _____
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PRESENTATION OF A CLAIM

This official City of Southaven document must be signed, and the form must be mailed *or* delivered.

Mail to:

CITY CLERK'S OFFICE
8710 NORTHWEST DRIVE
SOUTHAVEN, MS 38671

Deliver to:

CITY HALL

8710 Northwest Drive
Southaven, MS 38671

Business Hours: Monday-Friday, 8:00 a.m.-5:00 p.m.
Closed on weekends and official City of Southaven holidays

If you have any questions about filing then do not hesitate to call 662-280-2489 during normal business hours

Monday-Friday, 8:00 a.m.-5:00 p.m.

THIS SPACE PROVIDED FOR ADDITIONAL INFORMATION

WHAT ACTION HAS BEEN TAKEN?

SIGNED _____ DATE _____

CLAIMS COMMITTEE COMMENTS:
RECOMMENDATIONS

SIGN _____ DATE _____

ACTION BY MAYOR AND BOARD OF ALDERMEN:

ORDER

SIGNED _____ DATE _____