



## NOTICE OF CLAIM FORM

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE NOTICE OF CLAIM FORM.

- (1) The Notice of Claim form must be completed in its entirety and returned to the City of Sanger, Texas.  
**The Notice of Claim Form must be filed within 180 days of the Injury or Property Damage with:**

**City Secretary, City of Sanger  
P. O. Box 1729,  
Sanger, Texas 76266  
Phone: (940) 458-7930; Fax: (940) 458-4180**

(2) The receipt of Notice of Claim Form against the City is not an admission by the City of liability for the alleged damage or injury, nor is it a promise to pay for the injury or property damage. Once the claim form is received, it will be forwarded to the City's Claims Adjuster, Texas Municipal League, for review. A representative of Texas Municipal League will contact you at the address and phone number listed on the Notice of Claim form. Every effort will be made to handle your claim as quickly as possible.

- (3) The receipt of proper documentation to substantiate your claim will allow the fastest handling of your claim. Types of documentation that may be requested include:

- (a) Medical reports/medical statements;
- (b) Fully itemized estimate of damages; and or repairs
- (c) A complete description of damaged property including brand name, model/make, year serial number, date of purchase, purchase cost, etc.;
- (d) Photographs (if available);
- (e) Witness statements; and
- (f) Police reports (if applicable).

The provision of any of the information listed above does not guarantee the payment of your claim. The City's insurance carrier reviews all claims in relation to Title 5. Governmental Liability Chapter 101. Tort Claims and other applicable law and determine claim liability. City staff does not determine claim liability.

- (4) Your claim is not considered submitted, nor proper notice received, unless the Notice of Claim Form is properly completed and signed, or unless the same information is submitted in a letter format. Speaking to any City employee or a letter without all of the requested information does not service as proper notice.
- (5) If you need additional information regarding the claim filing process, please contact the City Secretary's office at (940) 458-7930.

**Full Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Auto Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Owner Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Incident (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Total amount of your claim against the City is \$ \_\_\_\_\_

Provide the details of your claim against the City. Describe in your own words, where, when, and how the damage or injury occurred. Attach additional sheets if necessary. Give names, addresses, and phone numbers of others involved or witnesses of the incident, if known. Attach copies of any bills, estimates, photographs, medical reports, etc., if applicable.

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All of the statements made in this claim are true and correct.

Date: \_\_\_\_\_ Signature of Claimant: \_\_\_\_\_