

CITY OF CLARKSVILLE CLAIM FORM

Instructions for filing a claim: Please read all instructions on this page before completing the claim form. You must fully complete all applicable sections of this form or your claim will be returned to you as incomplete.

CHECKLIST

- Provide the exact date and approximate time of the alleged incident.
- If applicable, provide the street address where the alleged damage/injury occurred.
- Provide the name of the city department(s) that allegedly caused the damage/injury, if known.
- Provide the full name, mailing address and telephone number of the person(s) claiming damage / injury. *(Note: All correspondence will be sent to the person(s) listed unless a representative's name is provided. If the claim is being filed on behalf of a minor, specify your relationship to the minor, and the date of birth of the minor. ALSO, if medical expenses are claimed, you must provide your date of birth and social security number so we may comply with the mandatory Medicare insurer reporting requirements that may be applicable.)*
- Describe the incident in full detail. Use additional paper if needed.
- Describe in full detail the facts surrounding the incident that support your claim. State all facts that support your claim **and why you believe the City of Clarksville is responsible.**
- State the total dollar amount being claimed as a result of the alleged damage/injury. If damage/injury is continued or anticipated in the future, indicate with a "+" following the dollar amount.
- Using additional paper, provide a breakdown of how the total amount being claimed was computed. Attach copies of bills, payment receipts, and cost estimates of claim. For most claims, such as vehicle damage, we require two (2) estimates of repair from vendors of your choice.
- Describe in full detail the damage/injury that resulted.
- Indicate if a claim for the alleged damage/injury has been filed with your insurance carrier, either automobile, health, disability, homeowner's or business. If yes, provide the name, telephone number and mailing address of the insurance agent and/or claims adjuster. Also include your policy number and deductible.
- The claim form must be signed by the claimant or authorized representative. The City will not accept the claim without an original signature and date of signature.

All claims submitted to the City will be investigated. Submittal of a claim does not constitute acceptance of liability by the City.

The form and supporting documentation must be submitted to:

City of Clarksville
Risk Management Office
1 Public Square, Suite 200
Clarksville, TN 37040

Fax 931-648-2341

