Department
☐ Police Department ☐ Fire Department ☐ Public Works Department ☐ City Clerk's Office ☐ Legal ☐ Mayor's Office ☐ Commissioners' Office ☐ Other _____

Assigned Claim Number (For Office Use Only)

Claim Request

Date Submitted	Name of City Driver		
Date of Accident	**Vehicle Year**	**Make**	**Model**
Vehicle Number	**Location of Accident**		
VIN Number			

Please provide the following:

Photos of Vehicle Damage ☐ Attached ☐ E-mailed Date: _____

Repair Estimate(s) ☐ Attached ☐ E-mailed Number: _____

Accident Report ☐ Attached ☐ E-mailed Date: _____

Departmental Contact:	Phone Number:

Claims can not be submitted for payment until **BOTH** repair estimates **AND** photos have been submitted.

For Office Use Only

Status:	Date:	
Submitted for Payment		
Claim Acknowledged	Dated	Received
Claim Denied		
Claim Paid		

Date:	Notes:

REVISED 1/2/2020