



CITY OF SCOTTSDALE

CLAIM FORM

FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY

YOU MAY MAIL CLAIMS AGAINST THE CITY OF SCOTTSDALE TO: City of Scottsdale City Clerk's Office, 3939 N. Drinkwater Blvd. Scottsdale, AZ 85251

I/We, the undersigned, submit the following claim and information relative to damage to persons and/or personal property:

1. CLAIMANT(S) NAME: _____
 - a. ADDRESS: Street: _____
 City: _____ State _____ Zip Code: _____
 - b. PHONE NO.: _____ c. CELL NO: _____
 - d. DATE OF BIRTH: _____ e. SSN # _____
 - f. DRIVERS' LIC. NO.: _____ g. STATE OF ISSUE: _____
2. Name, telephone or post office address to which claimant desires notices be sent (if other than above):

3. Occurrence or event from which the claim arises:
 - a. DATE: _____ b. TIME: _____ c. PLACE: (exact and specific location or address): _____
 - d. Specify the particular occurrence, event, act, omission and/or City employee you claim caused the injury or damage (attach additional pages as necessary): _____

 - e. State the legal basis wherein the City of Scottsdale or its employee(s) was/were at fault:

4. Provide a complete description of the bodily or personal injury or loss, so far as is known at the time of this claim. If there were no injuries, state "no injuries" (attach additional pages as necessary):

5. Provide the description and extent of property damage (attach additional pages as necessary):

6. Name(s) and address(es) of any other person(s) injured: _____

7. Name and address of the owner of any damaged property: _____

8. Amount of damages claimed: \$ _____

1) Property damage (attach receipts, invoices, estimates) \$ _____

2) Medical expense (attach bills and records) \$ _____

3) Other – please specify (attach bills, receipts, etc.) \$ _____

(If you are claiming multiple items, please attach a separate sheet with an itemization of all expenses claimed.)

9. Names, addresses and telephone numbers of all witnesses, hospitals, doctors, etc.:

a. _____

b. _____

c. _____

10. Any additional information that might be helpful in evaluating this claim: _____

11. If available, please provide photographs. Provided? YES _____ NO _____

12. Please provide bills, records, receipts, estimates and/or invoices. Provided? YES _____ NO _____

13. Please state the specific amount for which the claim(s) can be settled at this time. \$ _____

ALL CLAIMS MUST COMPLY WITH A.R.S. § 12-821.01, ET SEQ., AND MUST BE FILED WITHIN 180 DAYS AFTER THE CAUSE OF ACTION ACCRUES.

BY PROVIDING THIS CLAIM FORM, OR ENTERING INTO ANY DISCUSSIONS OR NEGOTIATIONS WITH YOU, THE CITY OF SCOTTSDALE DOES NOT WAIVE ANY OF ITS DEFENSES PURSUANT TO A.R.S. § 12-821.01, ET SEQ., OR ANY OTHER LAW. IF YOU ARE UNSURE ABOUT YOUR LEGAL OBLIGATIONS, CONSULT A LAWYER.

THIS FORM IS OFFERED BY THE CITY OF SCOTTSDALE FOR CONVENIENCE PURPOSES ONLY – THE CLAIMANT(S) REMAIN(S) SOLELY RESPONSIBLE TO INSURE COMPLIANCE WITH STATE LAW. YOU ARE CAUTIONED THAT YOU MUST PROVIDE SUFFICIENT FACTS FOR THE CITY TO UNDERSTAND THE BASIS UPON WHICH LIABILITY IS CLAIMED AND THE FACTS SUPPORTING THE AMOUNT FOR WHICH YOU STATE THE CLAIM CAN BE SETTLED.

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and belief and, as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____, 20__.

CLAIMANT SIGNATURE

WARNING!!!

**IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM
(Penal Code A.R.S. § 13-2311 – Insurance Code 44-1220)**

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