PLEASE PRINT

CLAIM FORM

1. Name of Injured Person or Property Owner: _____

2. Address: _____

3. Phone Number:(Home) _____ (Work) _____

4. **Date of Accident**: _____

5. Location of Accident: _____

6. Police Report Number: (if applicable) _____

7. Witnesses: (if applicable) _____

8. Describe Accident, Injuries and/or Property Damage:

_____
_____
_____
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9. Estimates (two needed) or Bill Amounts: _____

This claim will be recorded the day it is received & sent to our Legal Department who will forward it to the claims adjuster for processing.

Send form/letter to: Mrs. Glenda Morgan, City Clerk
P. O. Box 1827
Mobile, AL 36633-1827
208-7411 (Fax: 208-7576)

Please note that there is a limit of six (6) months on filing claims for injuries/damages.