



# CLAIM FORM

Send completed form or letter to:

Lisa C. Lambert, City Clerk  
P.O. Box 1827  
Mobile, AL 36633-1827  
251-208-7411 (Fax: 251-208-7576)

**PLEASE PRINT**

1. Name of injured person: \_\_\_\_\_  
or name of property owner
2. Address: \_\_\_\_\_
3. Phone number: \_\_\_\_\_
4. **DATE OF ACCIDENT:** \_\_\_\_\_
5. Location of accident: \_\_\_\_\_
6. Police report number (if applicable): \_\_\_\_\_
7. Witnesses: name, address, phone number (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe accident, injuries, and/or property damage: (attach additional sheets of paper, if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. **Attach** at least two (2) estimates of repair; or **attach** a copy of all bills related to the claim.

*This claim will be recorded the day it is received & sent to our Legal Department who will forward it to the claims adjuster (South Alabama Claims Services) for processing.*

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date signed

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