



# CLAIM FORM

Send complete form or letter to:

Lisa C. Lambert, City Clerk  
P.O. Box 1827  
Mobile, AL 36633-1827  
251-204-7411 (Fax: 251-208-7576)

PLEASE PRINT

Name of Claimant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Date of Accident/Property damage: \_\_\_\_\_

Location of accident/property damage: \_\_\_\_\_

Police report number (if applicable): \_\_\_\_\_

Witness(s): name, address, phone number (if applicable) \_\_\_\_\_

\_\_\_\_\_

Describe accident, injuries, and/or property damage: (attach additional sheets of paper, if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach at least two (2) estimates of repair; or attach a copy of all bills related to the claim.**

*NOTE: 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).*

**\*To check the status of your claim please call South Alabama Claims Services at 251-662-8204**

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

\_\_\_\_\_  
Date

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