



# CLAIM FORM

Send completed form/letter to:

Lisa C. Lambert, City Clerk  
P. O. Box 1827  
Mobile, AL 36633-1827  
251-208-7576 (fax)  
[cityclerk@cityofmobile.org](mailto:cityclerk@cityofmobile.org)  
251-208-7411 (phone)

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 the claims adjuster (CCMSI) for processing.

**\*To check the status of your claim, please call the adjuster, Jim Stirling, with Canon Cochran Management Services Inc. (CCMSI) at (800) 672-1108 or (601) 899-0148.**

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

\_\_\_\_\_  
Date

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