



Send completed form to:

CLAIM FORM

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

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, Kristie Price, with Canon Cochran Management Services Inc. (CCMSI) at 601-608-1021.**

Signature of Claimant

Date

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