



Send completed form to:

## CLAIM FORM

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

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Location of accident: \_\_\_\_\_

Property Type/Injury (arm, leg, neck) \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach on-scene photos from the date of the loss, at least two (2) estimates of repair (including towing receipts); 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 for processing. **To check the status of your claim, please call Melissa Kennedy, with the City of Mobile at 251-208-1223 or email at [melissa.kennedy@cityofmobile.org](mailto:melissa.kennedy@cityofmobile.org)**

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

\_\_\_\_\_  
Date

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