



Shaping a new
tomorrow, today.

CLAIMS AGAINST THE TOWN OF GILBERT For Damages to Persons or Property

Please be advised that you are legally responsible to take whatever steps are necessary to minimize any loss you have sustained.

Return to: Gilbert Town Clerk either by mail or person delivery to:

Town Clerk, 50 E. Civic Center Drive, Gilbert, AZ 85296 (Monday through Thursday 7:00 am to 6:00 pm)

All sections of the form must be completed in its entirety.

1. Claimant Name _____ Date of Birth _____

Spouse Name _____ Date of Birth _____

2. If a Minor, Name _____ Date of Birth _____

3. Address of Claimant _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Work Phone No. _____ Cell No. _____

Email Address _____

4. Occurrence or event from which the claim arises:

a. Date of Loss _____ b. Time of Loss _____ c. Police/Fire Report No. _____

c. Location of Incident (*exact and specific*) _____

d. Specify the particular occurrence, event, act or omission you claim caused the injury or damage. (*use additional pages if necessary*):

e. State how or wherein the Town of Gilbert or its employees were at fault. (*use additional pages if necessary*):

5. Give the name(s) of the Town employees having knowledge of or involved in the incident. (*if auto accident involving a Town vehicle, please provide Town vehicle description & license plate number, driver name, department*):



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- 6. Describe the injury, property damage, auto damage or loss. *(include name and address of other persons injured, if any):*
 - a. Description of injuries, if any: _____
 - b. Auto damage, please draw a diagram illustrating location and how loss occurred. *(use additional pages if necessary)* and provide your vehicle information. Year _____ Make _____ Model _____ License Plate _____
- 7. Exact dollar amount requested to settle this claim \$ _____
 - a. Basis for computation of amount claimed, including copies of all bills, invoices, estimates, receipts etc. *(use additional pages if necessary):*

- 8. Name, address, phone numbers of all witnesses, hospitals, doctors, etc. *(use additional pages if necessary):*

- 9. Any additional information that might be helpful in considering claim. *(use additional pages if necessary):*

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(A.R.S. §§ 13-2310; 44-1220)

ALL CLAIMS MUST COMPLY WITH A.R.S § 12-821.01 ET SEQ., AND MUST BE FILED WITHIN 180 DAYS AFTER THE CAUSE OF ACTION ACCRUES. BY PROVIDING THIS CLAIM FORM, OR ENTERING INTO ANY DISCUSSIONS OR NEGOTIATIONS WITH YOU, THE TOWN OF GILBERT DOES NOT WAIVE ANY OF DEFENSES WHICH MAY BE AVAILABLE PURSUANT TO APPLICABLE LAW. IF YOU ARE UNSURE OF YOUR LEGAL OBLIGATIONS, PLEASE CONSULT A LAWYER. THIS FORM IS OFFERED BY THE TOWN FOR CONVENIENCE PURPOSES ONLY. YOU REMAIN SOLELY RESPONSIBLE TO INSURE COMPLIANCE WITH STATE LAW AT ALL TIMES.

I have read the matters and statements made in the above claim. I know the same to be true of my own knowledge. I certify under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, 20__

Claimant's Signature _____

NOTE: Notice of claims filed against a municipality are releasable to the public upon request under Arizona law.