

## NOTICE OF CLAIM AGAINST THE CITY OF COTTONWOOD

The undersigned submits the following information and makes claim against the City of Cottonwood and/or employee \_\_\_\_\_ as follows:

### 1. CLAIMANT INFORMATION

Claimant name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### 2. OCCURRENCE OR EVENTS GIVING RISE TO THE CLAIM

Date of Occurrence \_\_\_\_\_ Time \_\_\_\_\_

Location of Occurrence \_\_\_\_\_

Provide the specifics of the occurrence, event, act or omission that you claim caused your injury or damage.

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Describe how or why you believe the City or employee was at fault.

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If this was a vehicle accident, state what road or highway the accident occurred on.

Your vehicle license number

Year

Make

Model

The license of the City vehicle:

Name of the City driver:

Was a police report filed?

Yes ☐

No ☐

I Don't Know ☐

Police agency involved

### 3. DESCRIPTION OF PROPERTY DAMAGE AND INJURIES

Describe the property that was damaged.

Dollar amount for which you would settle your property damage claim: \$

Describe the personal injuries suffered.

Dollar amount for which you would settle your personal injury claim \$

*(Attach receipts, or other documentation of the amounts claimed. Attach medical reports where available).*

Total amount for which you would settle all property damage and personal injury claims relating to this incident:

\$

4. **WITNESSES**

List all witnesses, with their name(s), address and phone #.

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5. Are there any additional comments, details or information you want us to consider in responding to your claim?

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6. By signing, you verify the information presented in this claim is true to the best of your knowledge and belief.

_____ Signature	_____ Date
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7. Notice of Claim received by:

_____ Name	_____ Date	_____ Time
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Please fill in ALL INFORMATION requested above or your notice of claim may be deemed defective. All notices must be signed and dated. City must also indicate above, the date and time received.

THE ARIZONA MUNICIPAL RISK RETENTION POOL AND SOUTHWEST RISK SERVICES ARE NOT AUTHORIZED AGENTS TO RECEIVE ANY NOTICE OF CLAIM UNDER A.R.S. §12-821.01. ALL NOTICES OF CLAIM MUST BE LEGALLY SERVED ON THE CITY AND, ON EACH INDIVIDUAL WHOM YOU CLAIM TO BE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

THIS FORM WAS CREATED FOR YOUR CONVENIENCE. HOWEVER, THE CITY THAT IS PARTY TO THIS MATTER DOES NOT WAIVE ANY OF ITS RIGHTS OR DEFENSES FOR YOUR FAILURE TO COMPLY WITH ALL NOTICE OF CLAIM REQUIREMENTS ESTABLISHED BY ARIZONA STATUTE AND LAW. UNDER A.R.S. §12-821.01, YOU ARE REQUIRED TO STATE YOUR DAMAGES WITH A SPECIFIC DOLLAR AMOUNT FOR WHICH YOU WILL SETTLE YOUR CLAIM. YOUR NOTICE OF CLAIM WILL BE DEEMED DEFECTIVE WITHOUT THIS INFORMATION. **FILING A VALID NOTICE OF CLAIM IS ALWAYS YOUR SOLE RESPONSIBILITY.**