City of Chicago
Property Damage $2,500 And Below Claim Form

Please note: Title 2, Chapter 2-12, Section 2-12-060 of the Chicago Municipal Code requires that all claims be printed legibly and neatly.

Claims will not be processed until all required information is provided

**** REQUIRED INFORMATION** **PLEASE PRINT LEGIBLY AND NEATLY**

**	**Today's Date:**	
1.**	**Claimant Name:**	**First Middle Initial Last Name**
2.**	**Claimant Address:**	
3.**	**Claimant City, State & Zip Code:**	
4.	**Claimant Telephone:**	**Office Home Cellular**
5.	**Claimant's Email Address:**	
6.**	**Driver's License or State ID (Attach photocopy with claim):**	
7.**	**Policy Holder's Name, Insurance Company/Policy Number, and Policy Period: (include a copy of your insurance card at time of incident):**	**Policy Holder's Name: _____** **Insurance Company/ Policy Number: _____** **Policy Period: _____** **(Effective Date) (Expiration Date)**
8.**	**Did you file a claim with your insurance company?(Subrogated demand is required if Yes):**	**Yes _____ (Claim Number _____) No _____**
9.**	**Letter of Experience from Insurance for all claims over $500.00:**	**Yes _____ No _____** **Must be provided for claims over $500.00**
10.**	**Date and Time of Incident:**	**Date _____/_____/_____ Time _____:_____ A.M./P.M.** **MM DD YYYY**
11.**	**Incident Location: (provide specific address, i.e. 1234 W. Main St.):**	
12.	**Witness Name (if applicable):**	**First Middle Initial Last Name**
13.	**Witness Address:**	

(OVER)

14.	**Witness City, State & Zip Code:**	
15.	**Witness Telephone:**	**Office** **Home** **Cellular**
16.**	**Description of Incident (give details of how damage occurred) Use additional sheet if necessary:**	
17.	**Police Report Number:**	
18.	**311 Service Request Number:**	
19.**	**Two Written Itemized Estimates attached on company letterhead or Itemized Paid Bill with proof of payment attached:**	**Total $ _____** **Total $_____** **Two Written Estimates Y/N** **Itemized Paid Bill Y/N**
20.	**Additional information submitted (i.e. photos, etc.):**	
21.**	**I am aware of the substantial penalties, attorneys', and legal fees that may be imposed for filing a false or fraudulent claim, pursuant to Municipal Code, Ch. 1, Sec. 1-22-020:**	_____ _____ **Signature** **Date**
22.**	**Certification - This signature certifies that the information on this form is true and accurate to the best of my knowledge. I have submitted this information in a manner that represents the true facts of this claim for the purpose of investigating this claim.**	_____ _____ **Signature** **Date**

REMEMBER

-- Respond to all questions
-- Attach supporting evidence and information, all copies should be 8x11 with no staples
-- Claim package will not be processed until all required documentation is provided.
-- Claims may be reduced by any amount you owe the City of Chicago for bills, fines and/or fees.
-- To check for money owed to the City of Chicago, or to go on a payment plan, please visit Chicago.gov/Finance

Mail or hand deliver this form to:
Office of the City Clerk/City of Chicago
121 North LaSalle Street, Room 107
Chicago, Illinois 60602
Attention: Claims Department