City of EL MIRAGE Arizona
GRAND HERITAGE. BRIGHT FUTURE!

NOTICE OF CLAIM AGAINST THE CITY OF EL MIRAGE

10000 N. El Mirage Road, El Mirage, AZ 85335

The undersigned submits the following information and makes claim against the City of El Mirage and/or employee as follows.

1. Claimant Information

Claimant name: _____

Address (mailing)_____

Address (physical): _____

City: _____ State: _____ Zip Code: _____

Home Ph: _____ Work Ph: _____

Cell Ph: _____

Date of Birth: _____

2. Occurrence or events giving rise to the claim

Date of Occurrence_____ Time _____

Location of Occurrence _____

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Please attach additional pages, if necessary)

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3. **Describe how or why you believe the City of El Mirage or employee was at fault**_____
_____
_____
_____
_____
_____

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

5. **Your vehicle license #**_____

   Year:_____ Make:_____ Model:_____

6. **City Vehicle license plate #**_____

7. **Name of City Employee (driver)**_____

8. **Was a police report filed?** Yes ☐ No ☐ I don't know ☐

   Police agency involved:_____
   Report number:_____

9. **Description of Property Damage and/or Injuries**

   Describe the property that was damaged:_____
   _____
   _____

   Dollar amount of property damage claimed $_____

10. **Describe the personal injuries suffered:**_____
_____
_____
_____
_____

    Dollar amount of personal injuries suffered $_____
    (Attach receipts or other documentation of the amounts claimed. Attach medical reports where available.)

TOTAL DAMAGES CLAIMED $_____.

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11. **Witnesses**

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

_____

_____

_____

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

_____

_____

_____

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

Signature_____ Date:_____

*Please fill in ALL INFORMATION requested above, or your Notice may be returned as defective. All Notices must be signed and dated. The city must also indicate the date and time received.**

THE ARIZONA MUNICIPAL RISK RETENTION POOL AND SOUTHWEST RISK SERVICES ARE NOT AUTHORIZED AGENTS TO RECEIVE NOTICE OF CLAIM UNDER A.R.S. §12-821.01. ALL NOTICES MUST BE SENT TO THE CITY. THIS FORM WAS CREATED FOR YOUR CONVENIENCE, HOWEVER, THE GOVERNMENT ENTITY AS PARTY TO THIS MATTER DOES NOT WAVE ANY OF ITS LEGAL 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 AND SUPPORT THAT AMOUNT. YOUR CLAIM WILL BE DEEMED DEFECTIVE WITHOUT IT.

FOR CITY USE ONLY

Notice of Claim Received by*

Name_____ Date_____ Time:_____