



City of Liberty Hill Claim Form

Please complete all applicable sections. If additional space is needed, attach extra pages and supporting documents. This template is provided for information-gathering purposes and should be reviewed for legal sufficiency before submission. Phone: 512-778-5449. For the claim to be valid, this form must be submitted by:

Certified Mail to:

Mayor and City Council, City of Liberty Hill
926 Main Street
Liberty Hill, TX 78642

This form must be submitted within sixty (60) days (or up to 6 months with good cause) from the date of the damage or injury.

1. Claimant Information

Full Name: _____

Address: _____

City/State/ZIP: _____

Mailing Address (if different): _____

City/State/ZIP: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Preferred Contact Method: _____

If represented by an attorney or other representative, provide:

Name: _____

Firm/Organization: _____

Address: _____

Phone: _____ Email: _____

2. Incident Information

Date of Incident: _____ Time of Incident: _____

Exact Location of Incident: _____

City Department/Vehicle/Facility Involved (if known): _____

Type of Claim (check one): Personal Injury _____ Property Damage _____ Both _____

Was the incident reported at the time? Yes _____ No _____

If yes, to whom was it reported? _____

Police report, incident report, or case number (if any): _____

3. Description of Incident

Please describe in detail how the incident occurred, what caused the alleged injury or damage, and why you believe the City is responsible:

4. Injury or Property Damage Details

If personal injury is claimed, describe each injury and identify all medical providers known at this time:

If property damage is claimed, describe the damaged property, owner of the property, and the nature of the damage:

Property description: _____

Owner of property: _____

Damage description: _____

Known medical expenses, repair estimates, or replacement costs to date:

5. Witnesses and Other Information

List any witnesses, including names and contact information:

1. _____
2. _____
3. _____

Names of any City employees, contractors, or departments believed to be involved (if known):

6. Amount of Claim

Amount of Claim: \$ _____

7. Documents Attached

Check any documents attached:

Photographs _____

Repair estimate(s) _____

Medical bill(s) _____

Medical record(s) _____

Police/incident report _____

Proof of ownership _____

Witness statements _____

Other: _____

8. Certification and Signature

I certify that the information provided in this claim form is true and complete to the best of my knowledge.

Claimant Signature: _____

Printed Name: _____

Date Signed: _____

Submission Note: Confirm the City's current filing requirements, delivery method, and any applicable notice deadlines before submitting. For the claim to be valid, this form must be submitted by:

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926 Main Street

Liberty Hill, TX 78642

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Liberty Hill Code of Ordinances: ARTICLE 2.10: CLAIMS AGAINST CITY

<https://ecode360.com/42819017>