CITY OF PEORIA, ARIZONA
NOTICE OF CLAIM

NOTICE: IMPORTANT INFORMATION

IN ORDER TO FILE A LAWSUIT AGAINST A PUBLIC ENTITY ALL CLAIMS MUST COMPLY WITH ARIZONA REVISED STATUTES § 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 CITY OF PEORIA DOES NOT WAIVE ANY OF ITS DEFENSES PURSUANT TO A.R.S. § 12-821.01, ET SEQ., OR ANY OTHER LAW.

THE CLAIMANT IS SOLELY RESPONSIBLE TO ENSURE COMPLIANCE WITH STATE LAW. YOU ARE CAUTIONED THAT YOU MUST PROVIDE SUFFICIENT FACTS FOR THE CITY TO UNDERSTAND THE BASIS UPON WHICH LIABILITY IS CLAIMED AND THE FACTS SUPPORTING THE AMOUNT FOR WHICH YOU STATE THE CLAIM CAN BE SETTLED.

THIS FORM IS OFFERED BY THE CITY OF PEORIA FOR CONVENIENCE PURPOSES ONLY. IF YOU HAVE QUESTIONS ABOUT THIS FORM OR YOUR CLAIM, IT IS YOUR RESPONSIBILITY TO SEEK LEGAL ADVICE ON YOUR OWN AND AT YOUR OWN EXPENSE. PLEASE DO NOT CALL OR OTHERWISE CONTACT ANY EMPLOYEE OF THE CITY OF PEORIA TO SEEK ANY ASSISTANCE IN FILING A CLAIM.

PURSUANT TO RULE 4.1.(i) OF THE ARIZONA RULES OF CIVIL, PROCEDURE THE NOTICE OF CLAIM MUST BE SERVED UPON THE CITY CLERK, CITY OF PEORIA, ARIZONA, ROOM 150, PEORIA, ARIZONA 85345.

NOTICE OF CLAIM

Date of Loss	Time of Loss	Location of Loss
	☐ AM ☐ PM	

Person or Entity Against whom the Claim is Asserted

Claimant Last Name	First Name	Date of birth	Social Security # Required to Settle Claim	If Minor, Give Parent/Guardian Name

Address	City	State	Zip Code	Telephone

Description of Occurrence

Describe Damage to Property

If Person(s) Injured, List the following information on all injured parties

Name	Address	Description of injury	Date of Birth	Telephone

Responding Police Agency		Police Report #	

Claimant Vehicle Information

Make	Model	Year	License Plate#

City Vehicle Information

Unit Number	Department	City Driver	License Plate#

If Witnesses are available, provide the following information

Name	Address	Telephone

Comments:	

Specific amount for which your claim can be settled: $

Claimant Signature: Date:

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