Re: Notice of Claim

To Whom It May Concern:

Enclosed is a Notice of Claim form. Under Arizona law, it is required that anyone having a claim against a public entity or public employee fully and completely comply with the requirements found at Arizona Revised Statutes (A.R.S.) § 12-821, *et seq*. As such, this form must be completed in its entirety, or a letter which includes all statutorily required information, and must be submitted to the City of Flagstaff **City Clerk's Office**, who is the person at the City authorized to accept service for this public entity or public employees. For any claim to be considered, the Notice of Claim must be properly received within one hundred and eighty (180) days after the cause of action accrues. You may mail this to 211 W. Aspen Ave, Flagstaff, AZ 86001, bring it in person, or email it to: noticeofclaim@flagstaffaz.gov.

Please understand that the City of Flagstaff's employees, agents, officers, and assigns cannot provide you any legal assistance to complete a Notice of Claim. Further, the City of Flagstaff's employees, agents, officers, and assigns cannot offer or provide you with any legal opinions, advice, recommendations including but not limited to the timeliness, validity, and correctness of a Notice of Claim or the service thereof. Should you have any questions regarding your Notice of Claim, you should speak with an attorney of your choosing.

When submitting the Notice of Claim, provide as much details as possible including dates, times, City of Flagstaff employees, and witnesses involved in the incident. If possible, enclose any photographs you believe will better assist the City of Flagstaff in determining the extent of damages you are claiming. Include all supporting documents including but not limited to estimates, bills, or written receipts that you feel are necessary and relevant to the incident.

Following the proper receipt of a Notice of Claim, your claim will be reviewed in conformance with A.R.S. § 12-821, *et seq*. Should additional documents or information be requested of you by the City of Flagstaff, this does not reflect any opinion by the City of Flagstaff on whether your claim has merit, is valid, or accepted. It may simply be that those responsible for reviewing your claim need additional information upon which to make a determination. Also, should any such request be made by the City of Flagstaff after the expiration of any statutorily imposed deadlines, such request is not a waiver in any manner by the City of Flagstaff of any defense the City of Flagstaff may raise regarding the timeliness of your Notice of Claim.

Note: A claim against a public entity or public employee, pursuant to A.R.S. § 12-821.01(E), **is deemed denied sixty (60) days** after the filing of the claim unless the claimant is advised of the denial in writing before the expiration of sixty (60) days.

Sincerely,

Aaron Kaminski

Aaron Kaminski
Risk Manager
City of Flagstaff
(928) 213-2132

NOTICE OF CLAIM
AGAINST THE CITY OF FLAGSTAFF

Claim must be filed in accordance with A.R.S. §12-821, *et seq*.
Please type or print legibly. All blanks MUST be completed

CLAIMANT INFORMATION

Claimant's Name _____

Address _____ City _____ State _____ Zip_____

Day Phone # _____ Email Address _____

Date of Birth (required) _____

Should your claim include damages for personal injury your social security number will also be required.

FACTS

DATE OF OCCURENCE	TIME OF OCCURENCE	POLICE REPORT #
_____20____	_____am/pm	_____

Identify the location and circumstances under which the damage or injuries were sustained, the cause thereof, the nature and extent of the damages and/or injuries, and any other information you believe is necessary and relevant. You may attach additional pages if necessary.

The claim must, per Arizona Statute, contain facts sufficient to permit the City of Flagstaff to understand the basis of your claim. The claim must also contain a specific amount for which the claim can be settled and the facts supporting that amount.

Amount for which your Claim may be settled in full. $ _____

Claimant Signature: _____ Date: _____

For a claim to be valid, you must fully and completely comply with A.R.S. §12-821, *et seq*. Please understand that A.R.S. §12-821 requires the claim be filed with the City of Flagstaff within 180 days after the cause of action accrues.

Serve the original on the following:

City of Flagstaff / City Clerk's Office
211 W. Aspen Avenue
Flagstaff, AZ 86001
OR noticeofclaim@flagstaffaz.gov

NOTE: ALL supporting documents like estimate/invoice/receipt or photos must be included.