



CLAIMS AGAINST THE TOWN OF GUADALUPE

For Damages to Persons or Personal Property

Please be advised that you are legally responsible to take whatever steps are necessary to minimize any loss you have sustained.

Return to: Town Clerk's Office, 9241 S. Avenida del Yaqui, Guadalupe, AZ 85296

Claim must be filed within 180 days after the cause of action accrues.
All sections of the form must be completed in its entirety.

1. Claimant Name _____ Date of Birth _____

Spouse Name _____ Date of Birth _____

2. If a Minor, Name _____ Date of Birth _____

3. Address of Claimant _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Work Phone No. _____ Cell No. _____

Email Address (optional) _____

4. Occurrence or event from which the claim arises:

a. Date of Loss _____ b. Time of Loss _____ c. Police/Fire Report No. _____

c. Location of Incident (*exact and specific*) _____

d. Specify the particular occurrence, event, act or omission you claim caused the injury or damage. (*use additional paper if necessary*) _____

e. State how or wherein the Town of Guadalupe or its employees were at fault. (*use additional paper if necessary*) _____



5. Give the name(s) of the Town employees having knowledge of or involved in the incident. *(if auto accident involving a Town vehicle, please provide Town vehicle description & license plate number, driver name, department)* _____

6. Describe the injury, property damage, auto damage or loss. *(include name and address of other persons injured)*

****ALL DAMAGE CLAIMS MUST BE ACCOMPANIED BY PHOTO(S) AND ESTIMATE FOR REPAIR****

a. If there were no injuries, state "no injuries." _____

b. Auto damage, please draw a diagram illustrating location and how loss occurred. *(please use additional paper)*

Provide your vehicle information. Year _____ Make _____ Model _____ License Plate _____

7. Dollar amount requested to settle this incident \$ _____

a. Basis for computation of amounts claimed *(include copies of all bills, invoices, estimates, receipts etc.)* _____

8. Name, address, phone numbers of all witnesses, hospitals, doctors, etc. _____

9. Any additional information that might be helpful in considering claim. *(use additional paper if necessary)* _____

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.

(Sec A.R.S. 13-2310 Insurance Code 44-1220)

I have read the matters and statements made in the above claim. I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, 20__ at _____

Claimants Signature _____

**NOTE: Claims must be filed within 180 days after the cause of action accrues.
Notice of claims filed against a municipality are releasable to the public upon request under the Arizona Public Records Law.**