



LIABILITY CLAIM FORM

Complete this report in full. Failure to answer all questions may invalidate your claim. You are advised that representations made by you to an employee of the City are not considered part of this report. No representation made to you by an employee of the City can waive any of the requirements of the law as to this report of your claim.

PLEASE PRINT – If more space is required, attach additional paper.

TO: The City of Bettendorf, Iowa:

You are hereby notified of the following claim made upon you by the undersigned as a result of the loss reported herein:

1. Name of Claimant: _____

2. Social Security Number OR Federal ID Number: _____

3. Address: _____

4. Phone Number: _____

5. Date of Loss: _____

6. Time of Loss: _____

7. Location of accident or loss (be specific): _____

8. Describe the accident or occurrence which caused injury or damage. (Give full details upon which you have your claim. If a city employee was involved, please give name.)

9. What were the weather conditions: _____

10. Give name and address of any witness/es:

11. Did Police investigate the accident? (If yes, give name of police officers, if known).

12. Was anyone injured? (If so, give name, address, and extent of injuries and describe injuries with particularity.)

13. Was any damage done to property? If so, describe property and extent of damage. Attach two (2) estimates of damages or describe basis for ascertaining extent of damages.

14. What other damages do you claim, if any: _____

15. What amount do you claim in damages from the City of Bettendorf: \$ _____

16. Comments:

Dated in Bettendorf, Iowa this _____ day of _____, 20 _____

Signature

Return to:

Kathleen Richlen
City of Bettendorf
1609 State Street
Bettendorf, IA 52722