



Town of Dewey-Humboldt

2735 S. Highway 69, Ste. 12 ▪ P.O. Box 69
Humboldt, AZ 86329

Phone: 928-632-8562
Fax: 928-632-7365

NOTICE OF CLAIM AGAINST THE TOWN OF DEWEY-HUMBOLDT

The undersigned submits the following information and makes claim against the

Town of Dewey-Humboldt and/or employee _____

As follows:

1. CLAIMANT INFORMATION

Claimant name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone # Home _____ Work/Cell _____

Date of Birth: _____

2. OCCURRENCE OR EVENTS GIVING RISE TO THE CLAIM

Date of Occurrence _____ Time _____

Location of Occurrence _____

Provide the specifics of the occurrence, event, act or omission that you claim caused your injury or damage.

Describe how or why you believe the Town or employee was at fault



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If this was a vehicle accident, state what road or highway the accident occurred on _____

Your vehicle license number _____

Year _____ Make _____ Model _____

The license of the City/Town vehicle _____

Name of the City/Town driver _____

Was a police report filed? Yes No I Don't Know

Police agency involved _____

3. DESCRIPTION OF PROPERTY DAMAGE AND INJURIES

Describe the property that was damaged

Dollar amount for which you would settle your property damage claim: \$ _____

Describe the personal injuries suffered

Dollar amount for which you would settle your personal injury claim \$ _____
(Attach receipts, or other documentation of the amounts claimed. Attach medical reports where available).

Total amount for which you would settle all property damage and personal injury claims relating to this incident: \$ _____



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4. WITNESSES

List all witnesses, with their name(s), address and phone #

5. Are there any additional comments, details or information you want us to consider in responding to your claim?

6. By signing, you verify the information presented in this claim is true to the best of your knowledge and belief.

Signature	Date
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7. Notice of Claim received by:

Name	Date	Time
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Please fill in ALL INFORMATION requested above or your notice of claim may be deemed defective. All notices must be signed and dated. Town must also indicate above, the date and time received.

THE ARIZONA MUNICIPAL RISK RETENTION POOL AND SOUTHWEST RISK SERVICES ARE NOT AUTHORIZED AGENTS TO RECEIVE ANY NOTICE OF CLAIM UNDER A.R.S. §12-821.01. ALL NOTICES OF CLAIM MUST BE LEGALLY SERVED ON THE TOWN OR CITY AND, ON EACH INDIVIDUAL WHOM YOU CLAIM TO BE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

THIS FORM WAS CREATED FOR YOUR CONVENIENCE. HOWEVER, THE TOWN OR CITY THAT IS PARTY TO THIS MATTER DOES NOT WAIVE ANY OF ITS RIGHTS OR DEFENSES FOR YOUR FAILURE TO COMPLY WITH ALL NOTICE OF CLAIM REQUIREMENTS ESTABLISHED BY ARIZONA STATUTE AND LAW. UNDER A.R.S. §12-821.01, YOU ARE REQUIRED TO STATE YOUR DAMAGES WITH A SPECIFIC DOLLAR AMOUNT FOR WHICH YOU WILL SETTLE YOUR CLAIM AND, TO SUPPORT THAT AMOUNT WITH EVIDENCE. YOUR NOTICE OF CLAIM WILL BE DEEMED DEFECTIVE WITHOUT THIS INFORMATION.
FILING A VALID NOTICE OF CLAIM IS ALWAYS YOUR SOLE RESPONSIBILITY.