



CITY OF AVONDALE CLAIM FORM

Any person or entity that has a claim against the City of Avondale shall file a claim with the Avondale City Clerk. The claim must be filed with the Office of the City Clerk in person or by mail at: 11465 W. Civic Center Drive, Avondale, AZ 85323; or by email: CityClerk@AvondaleAZ.gov

If the claim is filed in person or by mail, electronic files may be filed on a flash drive or CD. If the claim is filed by email, photographs and documents should be attached as PDF files and videos should be attached as MP4 files (links to online documents and videos are not permitted).

1. Claimant's Name: _____

Date of Birth: _____ Spouse Name: _____

If a Minor, Name: _____ Name of Guardian: _____

Claimant's Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

2. OCCURRENCE OR EVENT FROM WHICH THE CLAIM ARISES:

Date of Occurrence _____ Time of Occurrence: _____

Location of Occurrence _____

Description of the Incident: **(Please be specific and give as many details as possible about the occurrence, event, act or omission you claim caused your injury or damage).**

Describe how or why you believe the City or employee was at fault.

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

Your vehicle license number _____

3. EXPLANATION OF DAMAGE AND/OR INJURIES

Describe the **damage to your property** (if any) and the specific facts supporting the amount claimed. *(Please attach all receipts and other documentation related to the damage amount claimed.)*

Was there a cost for the estimate?

No Yes If Yes, how much? \$ _____

****ALL PROPERTY DAMAGE CLAIMS MUST BE ACCOMPANIED BY A PHOTOGRAPH AND TWO ESTIMATES****

Describe **your personal injuries** (if any) and the specific facts supporting the amount claimed. *(Please attach all receipts and other documentation related to the damage amount claimed.)*

If claiming injuries, are you a Medicare/Medicaid (AHCCS) or SCHIP recipient?

No Yes If Yes, HCIN _____

Describe **your other damages** (if any) and the specific facts supporting the amount claimed. *(Please attach all receipts and other documentation related to the damage amount claimed.)*

Dollar amount requested to settle your entire **property damage** claim \$ _____

Dollar amount requested to settle your entire **personal injury** claim \$ _____

Dollar amount requested to settle your entire **other damages** claim \$ _____

Total dollar amount requested to settle your entire claim \$ _____

(Attach receipts or other documentation of the amounts claimed.)

4. WITNESSES

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

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

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

This form was made available by the City for convenience purposes only. All claims must comply with Arizona law, including ARIZ. REV. STAT. § 12-821.01 et. seq. By providing this claim form or by entering into any discussions or negotiations with you, the City does not waive any defenses which may be available pursuant to applicable law. Pursuant to ARIZ. REV. STAT. § 12-821.01(E), your claim is deemed denied 60 days after the filing of the claim unless you are advised of the denial before the expiration of 60 days.

By signing this form below, you certify that the information provided is true and correct to the best of your knowledge and belief.

Claimant's Signature _____ Date _____

If you have any questions regarding the processing of your claim, please contact City Claims at (623) 333-2223 or by email at risk@avondalaz.gov. Claim information that you provide to the City of Avondale is considered a public record. If you are unsure about your legal rights and obligations, you should consult a lawyer.