



City of Prescott

Risk Management

201 S. Cortez, Prescott, AZ 86303

Phone: (928) 777-1257/1256

FAX: (928) 777-1252

<http://www.prescott-az.gov>

DAMAGE CLAIM SETTLEMENT PROCEDURES

1. **Filing a Claim:** If you have sustained damages, and you feel the City of Prescott is responsible, please fill out this form completely and file it with:

CITY CLERK – 201 S. Cortez, Prescott, AZ 86303 (physical address)

If your property damage is over \$1,000, please give us two estimates along with your claim form.

In filing a claim against the City, you must provide us enough information to properly investigate your claim. Your claim may be denied on insufficient information. This is in accordance with Arizona Revised Statutes §12-821-01.

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2. **Investigation:** The City's Risk Management Division will investigate your claim to determine whether to pay it. The City may also contract with third-party administrators or Independent adjusters who may contact you in the course of the investigation.

The length of the investigation will vary based on your claim's complexity. Please understand that a complete investigation may require your cooperation in providing additional information. Also, we may need to contact witnesses, which can extend the time needed to arrive at a decision. If at any time you have questions or would like to provide additional information, please contact Risk Management at (928) 777-1257/1256.

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3. **Claim Resolution:** A claim against a public entity or public employee filed in accordance with Arizona Revised Statutes §12-821-01 is deemed denied sixty days after filing of the claim unless the claimant is notified in writing before the expiration of sixty days.

CLAIM FORMS ARE ALSO AVAILABLE AT THE CITY'S WEBSITE –
<http://www.cityofprescott.net>



CITY CLERK STAMP:

CITY USE ONLY: CLAIM NO.

Please provide as much detail as possible, use additional pages if necessary, and then file it with the by mail or in person with the City Clerk at 201 S. Cortez; Prescott AZ 86303.

We the undersigned submit the following claim and information relative to damage to persons and/or personal property:

1. CLAIMANT(S) NAME: _____

a. ADDRESS: Street: _____

City: _____ State _____ Zip Code _____

b. PHONE NO. _____ c. DATE OF BIRTH: _____

d. DRIVER'S LICENSE NO. _____ e. STATE OF ISSUE _____

EMPLOYER NAME _____ EMPLOYER ADDRESS: _____

2. Name, telephone or post office address to which claimant desires notices to be sent (if other than above):

3. a. DATE: _____ b. TIME: _____ c. PLACE (exact location or address) _____

d. GIVE SPECIFICS OF THE OCCURRENCE, EVENT, ACT or OMISSION THAT YOU CLAIM CAUSED YOUR INJURY OR DAMAGE: (attach additional pages as necessary)

e. IF YOUR VEHICLE WAS INVOLVED, PROVIDE THE FOLLOWING INFORMATION:

Vehicle License No. _____ Year _____ Make _____ Model _____

Do you own the vehicle? _____ If not, address and telephone number of owner: _____

Name of Insurance Company of vehicle: _____ Policy No. _____

4. WAS THIS OCCURRENCE REPORTED TO ANY LAW ENFORCEMENT AGENCY? IF SO, WHICH ONE?

_____ Report No. _____

5. STATE THE REASON YOU BELIEVE THE CITY OF PRESCOTT IS RESPONSIBLE:

6. IF AVAILABLE PLEASE PROVIDE PHOTOGRAPHS. Provided? YES _____ NO _____

7. AMOUNT OF DAMAGES CLAIMED:

- 1) Property Damage (attach receipts, invoices, estimates) \$ _____
- 2) Medical Expenses (attach bills and records) \$ _____
- 3) Other – please specify (attach bills, receipts, etc.) \$ _____

(If you are claiming multiple items, please attach a separate sheet with an itemization of all expenses claimed)

Total Amount Claimed: \$ _____

8. Names, addresses, and telephone numbers of all witnesses, hospitals, doctors, etc:

- a. _____
- b. _____
- c. _____

9. Any additional information that might be helpful in evaluating this claim: _____

10. Please state the specific amount for which the claim(s) can be settled at this time. \$ _____

ALL CLAIMS MUST COMPLY WITH A.R.S. §12-821-01, ET SEQ., AND MUST BE FILED WITHIN 180 DAYS AFTER THE OCCURENCE. BY PROVIDING THIS CLAIM FORM, OR ENTERING INTO DISCUSSIONS OR NEGOTIATIONS WITH YOU , THE CITY OF PRESCOTT DOES NOT WAIVE ANY OF ITS DEFENSES PURSUANT TO A.R.S §12-821-01, ET SEQ., OR ANY OTHER LAW. IF YOU ARE UNSURE ABOUT YOUR LEGAL OBLIGATIONS, CONSULT A LAWYER.

THIS FORM IS OFFERED BY THE CITY OF PRESCOTT FOR YOUR CONVENIENCE. THE CLAIMANT(S) REMAIN(S) SOLEY REPSONSIBLE TO INSURE COMPLIANCE WITH STATE LAW. YOU ARE CAUTIONED THAT YOU MUST PROVIDE SUFFICIENT FACTS FOR THE CITY TO UNDERSTAND THE BASIS UPON WHICH LIABILITY IS CLAIMED AND THE FACTS SUPPORTING THE AMOUNT OF DAMAGES AND FOR WHICH YOU STATE THE CLAIM CAN BE SETTLED.

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

Signed this _____ day of _____, 20_____.

CLAIMAINT SIGNATURE

WARNING!!!
IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM
(Penal Code A.R.S. 13-2311 – Insurance Code 44-1220)

FOR CITY USE ONLY:

Assigned to Adjuster: _____ Disposition Concluded: _____ Council Notified: _____