

## City of Prescott

### Risk Management

P.O. Box 2059, Prescott, AZ 86302

201 S. Cortez, Prescott, AZ 86303

Phone: (928) 777-1211/1256/1257

FAX: (928) 777-1252

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

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## PROCEDURES FOR FILING A CLAIM FOR DAMAGES

### 1. **Filing a Notice of Claim:**

If you have sustained damages, and you believe the City of Prescott is responsible, please complete the attached Notice of Claim form completely, attach supporting documentation and file it within 180 days of the occurrence of the incident with:

**CITY CLERK - P.O. Box 2059 - Prescott, AZ 86302 (mailing) OR**  
**CITY CLERK – 201 S. Cortez, Prescott, AZ 86303 (physical address)**

Pursuant to Arizona Revised Statutes §12-821-01 a Notice of Claim must be served on the City Clerk within 180 days of the incident and must include enough information for the City to properly investigate your claim. Your claim may be barred and no action may be maintained if the Notice of Claim is not received by the City Clerk prior to 180 days of the occurrence; your claim may also be denied for insufficient information or documentation.

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### 2. **Investigation:**

The City's Risk Management Division will investigate your claim and may also contract with third-party administrators or independent adjusters who may contact you in the course of their investigation. You may be required to provide additional information. Witnesses may be contacted, which may extend the time needed to arrive at a decision regarding your claim. If you have questions or have additional information, please contact Risk Management at (928) 777-1211/1256/1257.

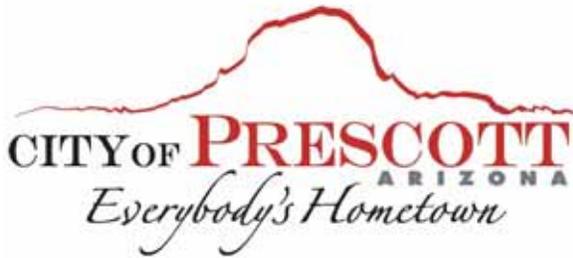
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### 3. **Claim Resolution:**

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.**

\_\_\_\_\_

**NOTICE OF CLAIM**  
**PURSUANT TO A.R.S §12-821-01, ET SEQ.**

Please provide detailed information and supporting documentation regarding your claim, use additional pages if necessary; file the Notice of Claim with the City Clerk at P.O. Box 2059, Prescott, AZ 86302 (mail) or at 201 S. Cortez (hand delivery) within the 180 day deadline.

The undersigned, hereby submits the following claim and information relative to damage to persons and/or personal property as follows:

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 Damages 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 RESPONSIBLE 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.

I hereby declare, acknowledge and verify, by signing this Notice of Claim, the information presented herein is true and correct to the best of my knowledge and belief.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
CLAIMAINT'S 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: \_\_\_\_\_