



## City of Prescott – “Everybody’s Hometown”

Risk Management Division, Legal Department

P.O. Box 2059, Prescott, AZ 86302

201 S. Cortez, Prescott, AZ 86303

Phone: (928) 777-1257/1256

FAX: (928) 777-1325

<http://www.cityofprescott.net>

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### 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 - P.O. Box 2059 - Prescott, AZ 86302 (mailing) OR**  
**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. 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. We sometimes contract with 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:** Once the investigation is complete, you will be notified of whether your claim is accepted or denied. Please feel free to contact me if you have questions regarding this decision.

**CLAIM FORMS ARE ALSO AVAILABLE AT THE CITY’S WEBSITE –**

<http://www.cityofprescott.net>

Sincerely,

Sheri Swain  
Risk Manager



**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 City Clerk at P.O. Box 2059, Prescott, AZ 86302 (mail) or at 201 S. Cortez (delivery).

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: \_\_\_\_\_