



General Liability Claim Form

<i>Official Use Only</i>	
Date	_____
Fwd to Ins	_____
Resolution	_____

Claimant's Name

Complete Address

Phone

Email

If claim involved a vehicle:

Year, make and model

Plate Number & State Issued

At the time of the accident were you: Driver Passenger

Name and address of owner if different from claimant

Occurrence/event from which the claim arises:

Date Time AM PM

Place (exact and specific location)

Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary).

State how the City of Dallas or its employee(s) were at fault.

Description

Describe the injury, property damage, or loss so far as is known at the time of the claim.

Name and address of any other person injured

Name and address of the owner of any damaged property if different from claimant

Damages Claimed

Amount claimed as of this date \$

Estimated amount of future costs \$

Total amount claimed \$

Include copies of all bills, invoices estimates, etc. that were used as a basis for computation above.

Witnesses

Names, addresses, phone numbers of all witnesses

Please list any additional information you feel would be helpful in considering your claim.

Warning! It is a criminal offense to file a false claim. (ORS 162.085)

The acceptance of this form by the City of Dallas does not constitute an admission of any liability by the City for the incident or damages described herein.

I have carefully read the statements made in this claim, including any attachments, and I know them to be true to my own knowledge.

Signature

Date

**Please return completed form to: City Manager's Office
187 SE Court Street
Dallas, OR 97338
503-831-3502
recorder@dallasor.gov**