



NOTICE OF CLAIM AGAINST THE CITY OF FORT WORTH

File this claim within 180 days of the injury or property damage with:

**CITY OF FORT WORTH
ATTN: RISK MANAGEMENT
1000 THROCKMORTON STREET
FORT WORTH, TEXAS 76102**

PLEASE PRINT. PLEASE COMPLETE BOTH SIDES OF THIS FORM.

FULL NAME _____ PHONE NUMBER(S) HOME _____
BUSINESS _____

MAIL ADDRESS _____ CITY, STATE, ZIP CODE _____

**Please note: CHARTER XXVII, SECTION 25,
CHARTER OF THE CITY OF FORT WORTH**

Before the City of Fort Worth shall become liable for damages for death, personal injury or damage to property, the person injured or the owner of the property damaged, or someone in his behalf, or in the event the injury results in death, the person or persons who may have a cause of action under the law by reason of such death, shall file with the city council written notice of such death, injury, or damage within 180 days after the same has been sustained, unless good cause is shown for the claimant's failure to file the notice before the expiration of 180 days. The written notice must reasonably describe the damage or injury claimed, the date and location of the injury or damage, how the injury or damage occurred, the amount of damages, the amount for which the claimant will settle, the residence address of the claimant, the names and addresses of all witnesses upon whom the claimant relies to establish his claim, and, if such notice is not filed within 180 days, the circumstances establishing good cause for such failure to file. The notice requirements provided by this section do not apply if the City of Fort Worth has actual notice within 180 days that the death or injury has occurred or that the property has been damaged.

DESCRIBE IN YOUR OWN WORDS WHERE, WHEN AND HOW THE DAMAGE OR INJURY OCCURRED. ATTACH ADDITIONAL PAGES IF NECESSARY.

DATE OF INCIDENT: _____ LOCATION: _____

APPROXIMATE TIME: A.M. P.M.

DETAILS OF INCIDENT:

THE TOTAL AMOUNT OF YOUR CLAIM AGAINST THE CITY: (WE REQUIRE TWO (2) ESTIMATES FOR DAMAGE.)

1. _____

2. _____

GIVE DETAILS OF YOUR CLAIM AGAINST THE CITY. ESTIMATES MUST BE ITEMIZED. ALL BILLS, ESTIMATES OF REPAIR, MEDICAL REPORTS, ETC. SHOULD BE ATTACHED. IF A VEHICLE, PLEASE STATE THE YEAR _____, MAKE _____, AND MODEL _____.

STATE YOUR ACTUAL RESIDENCE FOR THE SIX (6) MONTHS BEFORE THE DAMAGE OR INJURY.

GIVE THE NAMES, ADDRESSES AND PHONE NUMBER OF ALL WITNESSES YOUR ARE RELYING ON TO ESTABLISH YOUR CLAIM.

NAME _____ NAME _____ NAME _____

ADDRESS _____ ADDRESS _____ ADDRESS _____

CITY, ST, ZIP _____ CITY, ST, ZIP _____ CITY, ST, ZIP _____

PHONE _____ PHONE _____ PHONE _____

HAVE YOUR MADE PREVIOUS CLAIMS AGAINST THE CITY OF FORT WORTH? YES NO

IF SO, PLEASE GIVE THE TYPE OF CLAIM AND WHEN IT WAS MADE. _____

WITNESS MY HAND THIS _____ DAY OF _____, 20_____.

CLAIMANT'S SIGNATURE _____

VERIFICATION

THE STATE OF TEXAS §

COUNTY OF TARRANT §

BEFORE ME, the undersigned authority, a Notary Public in and for Tarrant County, Texas, personally appeared _____

_____ is subscribed to the foregoing instrument and acknowledged to me that _____ executed the same for the purpose, consideration and in the capacity therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

My commission expires _____.