

Notice of Claim for Marshalltown, Iowa

The submission of this report constitutes a Notice of Claim against the City of Marshalltown for damages, personal injury, or any other general loss. Please complete this form in full and attach all additional information related to the claim (i.e.; police report, damage estimates, etc.).

Please submit completed forms via mail to: **Or electronically to:**

City of Marshalltown, Attn: City Administrator cwebb@marshalltown-ia.gov
24 North Center Street
Marshalltown, IA 50158

The City of Marshalltown utilizes a Risk Pool for both coverage and administration of its claims. Once Notice of Claim is received, all information will be referred to the Risk Pool for a complete investigation and processing.

1. Name and address of claimant:	
2. Telephone number:	Best time to contact and preferred method of contact:
3. Email address:	
4. Date and time of incident:	
5. Location of incident (be specific):	
<p>6. Describe the incident that caused the injury or damage. (Give full details upon which you base your claim. If a City employee was involved, give the employee's name. If known, give City's vehicle information)</p>	
7. What was the weather like at the time of the incident?	
8. Name, address and phone number of any witnesses:	

9. Did the police investigate? (If so, give the name of officer and handling agency.)
10. Was anyone injured? (If so, give names, addresses, phone numbers and extent of injuries.)
11. Was any damage done to property? (If so, describe property and the extent of damages. Attach estimates of damages or describe basis for determining extent of damages.)
12. What other damages do you claim, if any?
13. Have you been compensated for any part of your claim by any insurance company or risk pool? If so, give name, address and phone number of insurance company or risk pool and claim number along with amount paid.
14. What amount do you claim from the City of Marshalltown?
15. Why do you claim the City of Marshalltown is responsible for the damages?
16. Have you made any claim against anyone else for damages as a result of this incident? (Ex: personal insurance provider. If yes, give name, address and phone number.)
17. If the answer to question 16 is yes, have you received any payment from that source, and if so, in what amount?
Date Signed:
Signature:
Printed Name: