

NOTICE OF CLAIM

INSTRUCTIONS: This form must be completed immediately after an incident in which it is alleged that the City may be responsible for reimbursement of damages.

No estimate or documentation need be attached if preparation of such delays filing the claim. The City Clerk's Office will forward the claim to its insurance agent.

RETURN COMPLETED FORM TO: City of Cottage Grove, ATTN: City Clerk, 12800 Ravine Parkway, Cottage Grove, MN 55016.

Name of Claimant	
Address of Claimant	
Telephone Number of Claimant	
Day	Evening
Date of Occurrence	Time of Occurrence
Location of Incident	
Description of Claim	
Extent of Damages	
Why do you believe the City is responsible for damages?	

Signature

Date

SECTION RESERVED FOR INTERNAL USE

Date Received:

Date Forwarded to Insurance Agent:

Comments:

Forwarded by: