

Notice of Claim City of Sedona

Rec'd by:	
Name	
Dept	
Date/Time	

The undersigned submits the following information and makes claim as follows against the City of Sedona

and/or City employee:

1. Claimant Information	3. Vehicle Accident/Damage
<i>Claimant Name:</i>	<i>Where did accident/damage occur?</i>
<i>Claimant Mailing Address:</i>	<i>Your vehicle license plate no.:</i>
<i>Claimant Phone:</i>	<i>Your veh make/year:</i>
<i>Claimant DOB:</i>	<i>City Driver's Name:</i>
2. Occurrence or Events Giving Rise to the Claim	<i>City vehicle license plate no.:</i>
<i>Occurrence Date:</i>	<i>Police report filed?</i>
<i>Time:</i>	<i>Agency?</i>
<i>Location of Occurrence:</i>	<i>Dollar amount to settle vehicle damage claim:</i>
<i>Specifics of occurrence, event, act or omission:</i>	4. Description of Property Damage and Injuries
<i>Describe how you believe City/employee was at fault:</i>	<i>Describe property that was damaged:</i>
	<i>Dollar amount to settle property damage claim:</i>
	<i>Describe personal injury suffered:</i>
	<i>Dollar amount to settle personal injury claim:</i>
	<i>Total amount to settle all vehicle, property damage and personal injury claims:</i>
	ATTACH RECEIPTS, MEDICAL REPORTS, OR OTHER DOCUMENTATION
5. List All Witnesses and Contact Information	
6. Additional Comments, Details or Information to Be Considered	
7. By signing, you verify the information presented in this claim is true to the best of your knowledge and belief.	
<i>Signed:</i>	<i>Date:</i>

Please fill in ALL INFORMATION requested above, or your notice of claim may be deemed defective. All Notices of Claim must be signed and dated. Place "N/A" in all sections that are not relevant to your claim. Attach additional sheet with relevant section numbers, if needed.

THE ARIZONA MUNICIPAL RISK RETENTION POOL AND SOUTHWEST RISK SERVICES ARE NOT AUTHORIZED AGENTS TO RECEIVE ANY NOTICE OF CLAIM UNDER ARS 12-821.01. ALL NOTICES OF CLAIM MUST BE LEGALLY SERVED ON THE CITY AND ON EACH INDIVIDUAL YOU CLAIM TO BE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

THIS FORM WAS CREATED FOR YOUR CONVENIENCE. HOWEVER, THE CITY DOES NOT WAIVE ANY OF ITS RIGHTS OR DEFENSES FOR YOUR FAILURE TO COMPLY WITH ALL NOTICE OF CLAIM REQUIREMENTS ESTABLISHED BY ARIZONA STATUTE AND LAW. UNDER ARS 12-821.01, YOU ARE REQUIRED TO STATE YOUR DAMAGES WITH A SPECIFIC DOLLAR AMOUNT FOR WHICH YOU WILL SETTLE YOUR CLAIM AND TO SUPPORT THAT AMOUNT WITH EVIDENCE. YOUR NOTICE OF CLAIM WILL BE DEFECTIVE WITHOUT THIS INFORMATION. FILING A VALID NOTICE OF CLAIM IS ALWAYS YOUR SOLE RESPONSIBILITY.