



Notice of Claim

City of Coolidge, 130 W. Central Avenue, Coolidge, AZ 85228, (520) 723-5361, Fax # (520) 723-7910

NOTICE OF CLAIM AGAINST THE CITY/TOWN OF _____

The undersigned submits the following information and makes claim against the City/Town of _____, and/or employee _____

As follows:

1. CLAIMANT INFORMATION

Claimant Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone # Home _____ Work/Cell _____

Date of Birth: _____

2. OCCURRENCE OR EVENTS GIVING RISE TO THE CLAIM

Date of Occurrence _____ Time _____

Location of Occurrence _____

Provide the specifics of the occurrence, event, act or omission that you claim caused your injury or damage.

Describe how or why you believe the City/Town or employee was at fault



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4. **WITNESSES**

List all witnesses, with their name(s), address and phone #.

5. Are there any additional comments, details or information you want us to consider in responding to your claim?

6. By signing, you verify the information presented in this claim is true to the best of your knowledge and belief.

Signature _____ Date _____

7. Notice of Claim Received by:

Name _____ Date _____ Time _____

Please fill in ALL INFORMATION requested above or your notice of claim may be deemed defective. All notices must be signed and dated. Town or City must also indicate above, the date and time received.

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

THIS FORM WAS CREATED FOR YOUR CONVENIENCE. HOWEVER, THE TOWN OR CITY THAT IS PARTY TO THIS MATTER 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 A.R.S. §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 DEEMED DEFECTIVE WITHOUT THIS INFORMATION.