



CITIZEN CLAIM FORM

This form is to be completed by the Citizen filing a claim for damages or reimbursement from the City of Concord. Please complete all applicable information and be as specific as possible. Attach any documentation available (i.e. Police Report, invoices, bills, estimates, photographs, etc.). If estimates are attached, two (2) independent estimates for repair/replacement must be provided. This information will be forwarded to the appropriate City Department for investigation. In addition, the City's Human Resources Department will review and process the claim and the City's insurance carrier will issue a final claim decision.

Date of Occurrence: _____ Time of Occurrence: _____ AM PM

Location of Occurrence: _____

Claimant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Email Address: _____

Description of Incident:

Extent of damages:

Estimate of damages: _____ (must attach required supporting documentation)

List the names and contact information of any witnesses involved:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

NOTE: BY SUBMITTING THIS FORM, THE CITY OF CONCORD IS NEITHER ACCEPTING NOR DENYING LIABILITY OR RESPONSIBILITY FOR THE OCCURRENCE DESCRIBED ABOVE. IN ADDITION, FURTHER INFORMATION MAY BE REQUIRED FROM THE CLAIMANT IN ORDER FOR THE CITY'S INSURANCE CARRIER TO MAKE A FINAL CLAIM DECISION.

The above two (2) pages are true, complete, accurate statements regarding the facts of my claim. I authorize the City of Concord to investigate my claim and to obtain necessary information including confidential or medical information that may be relevant to my claim.

Electronic signature will be accepted.

Date

Return claim form and supporting documents to:

**City of Concord
Attn: Human Resources
P.O. Box 308
Concord, NC 28025-0308**

**Email: riskmanagement@concordnc.gov
Fax: (704) 920-6910**

Revised 4/2018