

CITY OF SOUTH TUCSON**NOTICE OF CLAIM**

1601 South 6th Avenue South Tucson, Arizona (520) 792-2424

NOTICE OF CLAIM AGAINST THE CITY OF SOUTH TUCSON, ARIZONA

The undersigned submits the following information and makes claim against the City of South Tucson, Arizona and/or employee

As follows:

1. Claimant Information

Claimant name _____

Address _____

City _____ State _____ Zip Code _____

Phone number(s) 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 that the City or employee was at fault

If this was vehicle accident, state what road or highway the accident occurred on

CITY OF SOUTH TUCSON**NOTICE OF CLAIM (page 2)**

1601 South 6th Avenue South Tucson, Arizona (520) 792-2424

Your vehicle license number _____

Year _____ Make _____ Model _____

The license number of the City vehicle _____

Name of the City driver _____

Was police report filed? Yes ☐ No ☐ Don't know ☐

Police agency involved _____

3. Description Of Property Damages And/Or Injuries

Describe the property that was damaged

Dollar amount for which you would settle your property
damage claim \$ _____

Describe the personal injuries suffered

Dollar amount for which you would settle your personal
injury claim \$ _____

(attach receipts or other documentation of the amounts
claimed, attach medical reports where available)

Total amount for which you would settle all property damage
and persona injury claims relating to this incident

\$ _____

4. Witnesses

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

CITY OF SOUTH TUCSON**NOTICE OF CLAIM (page 3)**

1601 South 6th Avenue South Tucson, Arizona (520) 792-2424

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. City must also indicate above, the time and date 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 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 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 STATE AND LAW UNDER A.R.S §12-821.01. YOU ARE REQUIRED TO STATE YOUR DAMAGES WITH A SPECIFIC DOLLAR AMOUNT OF WHICH YOU WILL SETTLE YOUR CLAIM AND, TO SUPPORT THAT AMOUNT WITH EVIDENCE. YOUR NOTICE OF CLAIM WILL BE DEEMED DEFECTIVE WITHOUT THIS INFORMATION.