



CLAIMS AGAINST THE CITY OF CHANDLER

For Damages to Persons or Personal Property

All sections of the form should be completed in its entirety. When necessary, please use additional paper for each line.

1. Name of Claimant _____ Spouse Name _____

Date of Birth _____

2. If a Minor, Name _____ Name of Guardian _____

Date of Birth _____

3. Address of Claimant _____

Home Phone No. _____ Work Phone No. _____

Email: _____

4. Occurrence or event from which the claim arises:

a. Date of Loss _____

b. Time of Loss _____

c. Location of Incident (*exact and specific*) _____

d. Specify the particular occurrence, event, act or omission you claim caused the injury or damage.

e. State in what manner you believe the City of Chandler or its employees were at fault.

5. Give the name(s) of any City employees having knowledge of or involved in the incident, (*if auto accident involving a City vehicle, please provide City vehicle description & license plate number, driver name, department*).

6. Describe the injury, property damage, auto damage or loss (*include name and address of other person(s) injured*).
- a. If there were no injuries, state "no injuries."

b. If claiming injury, are you a Medicaid/Medicare recipient? Yes_____ No_____

c. Auto damage, please draw a diagram illustrating location and how loss occurred.

Provide your vehicle information. Year_____ Make_____ Model_____ License Plate

****ALL PROPERTY DAMAGE CLAIMS MUST BE ACCOMPANIED BY A PHOTOGRAPH AND TWO ESTIMATES****

7. Please state a specific amount for which you will settle your claim. \$ _____

Basis for computation of amounts claimed (*include copies of all bills, invoices, estimates, receipts, etc.*)

8. Name, address, phone numbers of all witnesses, hospitals, doctors, etc.

9. Please provide police report or fire report number if applicable. _____

10. Any additional information that might be helpful in considering claim.

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.

ALL CLAIMS MUST COMPLY WITH ARIZONA LAW, INCLUDING A.R.S § 12-821.01, AND MUST BE FILED WITHIN 180 DAYS AFTER THE CAUSE OF ACTION ACCRUES. BY ACCEPTING THIS CLAIM FORM, OR ENTERING INTO ANY DISCUSSIONS OR NEGOTIATIONS WITH YOU, THE CITY OF CHANDLER DOES NOT WAIVE ANY OBJECTIONS OR DEFENSES WHICH MAY BE AVAILABLE UNDER THE LAW. IF YOU ARE UNSURE OF YOUR LEGAL OBLIGATIONS, PLEASE CONSULT A LAWYER. THIS FORM IS OFFERED BY THE CITY FOR CONVENIENCE PURPOSES ONLY – THE CLAIMANT(S) REMAIN(S) SOLELY RESPONSIBLE TO ENSURE COMPLIANCE WITH STATE LAW.

By submitting this claim form you certify that the information provided is true and correct to the best of your knowledge and belief.

Signed this _____ day of _____, 20_____ at _____

Claimants Signature _____

NOTE: Claims must be filed within 180 days after the cause of action accrues.