



NOTICE OF CLAIM AGAINST THE CITY OF DENISON

To file a claim against the CITY OF DENISON, you must submit this form to the CITY OF DENISON, CITY SECRETARY'S OFFICE, PO Box 347, Denison, TX 75020. You may submit the form in person, by mail, by email to cwallentine@cityofdenison.com, or by fax to (903) 464-4499.

Claimant Information

Name:					
Mailing Address:					
Home Phone:		Cell Phone:		Work Phone:	
Email Address:					

Claim Information

Date of Occurrence:		Time of Occurrence:			
Location of Occurrence:					
Damage Estimate:		Is estimate based on bids for repair or receipts? <i>(The City will require invoices, bills, estimates, etc., that substantiate the amount of this Claim)</i>	Yes	No	
Describe Occurrence in detail:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
Description of Property - (if auto, include year, make, model & license #):	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
If auto accident: list name of driver if not same as claimant:	<hr/> <hr/> <hr/> <hr/>				

Witness Information

Name	Address	Phone	Email

Injuries

Describe Injuries, if any:	_____		
Amount Claimed:	\$ _____		
Were you treated at a hospital?	Yes / No	Name of Hospital: _____	
Are you currently being treated by a physician?	Yes / No	If yes, list physician's name and phone number: (____) ____ - _____	
Were police called to the scene?	Yes / No	Police Report Number (if available): _____	
Passenger(s) (If different than Witness information, if any)	Name: _____		Address: _____
	Phone Number: (____) ____ - _____		

Insurance information

Have you submitted a claim to your insurance carrier?	Yes / No	Date Filed:	
Insurance Carrier:		Address:	
Policy Number:		Phone Number:	
Adjuster's Name:			

Once a claim is received by the City, it is forwarded to our insurance carrier for investigation to determine the City's liability, if any. State Law provides that cities are immune from liability of certain activities and damages. If investigation and applicable laws determine the City of Denison is not liable, a letter of explanation will be provided.

CLAIMANT SIGNATURE: Claim form must be signed and dated by an adult claimant (18 years or older - or by both adults if the claim is jointly filed by a married couple; by the parent on behalf of a child suffering injury or loss; by a person holding a written power of attorney from the claimant; or by a court-appointed guardian. **PLEASE BE ADVISED: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in prison as per Texas Penal Code §35.02.**

CERTIFICATION OF CLAIM

I, _____, SWEAR AND AFFIRM THAT ALL STATEMENTS MADE IN THIS NOTICE OF CLAIM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, SO HELP ME GOD.

Claimant's Signature

Date

STATE OF TEXAS
COUNTY OF GRAYSON

Before me, _____, on this day personally appeared _____, known to me or proved to be the person whose name is subscribed to this instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__.

Notary Public in and for the State of Texas
My Commission expires: _____

**City of Denison
City Charter
Article X, Section 10.07 Tort Liability**

Before the City shall be liable for damages for the death or personal injuries of any person or for damages to, or destruction of property of any kind, which does not constitute a taking or damaging of property under Article 1, Section 17, Constitution of the State of Texas, the person injured, if living, or his/her representatives, if deceased, or the parent or guardian of a minor child, or the owner, his/her agent or attorney of the property damaged or destroyed, shall give the City Manager notice in writing of such death, injury, damage, or destruction, duly verified by affidavit, within thirty (30) days after same has been sustained, stating specifically in such written notice when, where, and how much the death, injury, damage or destruction occurred, and the apparent extent of any such injury, the amount of damages sustained, the actual residence of the claimant by street and number at the date the claim is presented, the actual residence of such claimant for six (6) months immediately preceding the occurrence of such death, injury, damage, or destruction, and the names and addresses of all witnesses upon whom it is relied to establish the claim for damages. The failure to so notify the City Manager within the time and manner specified herein shall exonerate, excuse, and exempt the City for liability whatsoever. No act of any officer or employee of the City shall waive compliance, or stop the City from requiring compliance, with the provisions of this Section as to notice.