

CITY OF MUSCATINE
NOTICE OF LIABILITY CLAIM
NON-AUTOMOBILE FORM

Any party filing a claim against the City of Muscatine must complete this form and return it to the Human Resources Office, City Hall, 215 Sycamore Street, Muscatine, Iowa 52761. No action will be taken until this form is completed and received in the Human Resources Office. If any questions, please call (563) 264-1550.

Name and Address of Claimant _____

Phone _____ Date of Accident or Loss _____ Time of Day _____

Locations _____

Describe the Accident or Incident _____

Was anyone injured? Yes No

Name and Address of injured person _____

What was the injured doing when hurt? _____

Nature and Extent of Injuries _____

Was Medical Attention Required? Yes No

Is Disability Expected? Yes No Explain _____

Name and Address of Doctor _____

Amount of Damages Sought* \$_____

Witnesses:

Name

Address

Phone

Was this Incident Reported to Police? Yes No

Officer's Name or Badge Number _____

The above and foregoing statements made by me are true and accurate as I verily believe.

Claimant's Signature

Date

***IMPORTANT: In the case of property damage, this claim must be accompanied with receipts or written estimate from authorized business. Claimant's personal estimation of damages is not sufficient.**