

**NOTICE OF CLAIM  
AGAINST THE  
TOWN OF ORO VALLEY**

PLEASE SUBMIT FORM TO:

**THE TOWN OF ORO VALLEY  
TOWN CLERK'S DEPARTMENT  
11000 N. LA CAÑADA DRIVE  
ORO VALLEY, AZ 85737**

NOTICE OF CLAIM AGAINST THE TOWN OF ORO VALLEY. The undersigned submits the following information and makes claim against the Town of Oro Valley, and/or its employee(s) as follows.

1. **Claimant Information**

Claimant name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. Home \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. **Incident giving rise to the claim**

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Give specifics of the occurrence, event, act or omission that you claim caused your injury or damage.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

The license of the Town vehicle \_\_\_\_\_

Name of the Town driver \_\_\_\_\_

Was a police report filed? Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know \_\_\_\_\_

Police agency involved \_\_\_\_\_

3. **Description of property damage and injuries**

Describe your property that was damaged

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Dollar amount of property damage claimed \$ \_\_\_\_\_

Describe the personal injuries suffered \_\_\_\_\_

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Dollar amount of personal injuries suffered \$ \_\_\_\_\_

(Attach receipts, or other documentation of the amounts claimed. Attach medical reports where applicable.)

TOTAL DAMAGES CLAIMED \$ \_\_\_\_\_

4. **Witnesses**

List all witnesses, including name, address and phone.

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5. Any additional comments, details or information you want us to consider in responding to your claim

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6. By signing, you verify that 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)

on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time).

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