

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

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.

Describe how or why you believe the Town of Oro Valley or employee was at fault.

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

Your vehicle license number

Year	Make	Model
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The license of the Town vehicle

Name of the Town driver

Was a police report filed?	Yes	No	Do not know
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Police agency involved

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

Describe your property that was damaged

Dollar amount of property damage claimed \$

Describe the personal injuries suffered

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.

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

6. **By signing, you verify that the information presented in this claim is true to the best of
your knowledge and belief.**

Signature _____ Date _____

When completed, please return your Notice of Claim form to the Oro Valley Town Clerk's Office via:

- 1) Personal delivery at 11,000 N. La Canada Drive in Oro Valley, AZ 85737, or;
- 2) The United States Postal Service at the same address.

These are the only valid delivery methods that can be processed.

Section below to be completed by Oro Valley Town Employee

7. Notice of Claim Received by _____ (Name)

on _____ (Date) at _____ (Time).