



CITY OF HURST CLAIM REPORTING FORM

PLEASE DO NOT COMPLETE THIS BOX.

FOR OFFICIAL USE ONLY

City Claim Number: _____

City Secretary Date Stamp: _____

CLAIMANT INFORMATION (Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Cell: () _____ Email Address: _____

WITNESS INFORMATION

Please complete the following for any witnesses to your accident/loss:

WITNESS 1:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell: () _____ Email Address: _____

WITNESS 2:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell: () _____ Email Address: _____

(PLEASE COMPLETE BACK SIDE)

INSURANCE INFORMATION

Do you have insurance that applies to this accident/loss? Yes No

If yes,

Insurance Agent/Broker's Name: _____

Address: _____

Phone: () _____

Insurance Company Name: _____

Insurance Policy Number: _____; Deductible: \$ _____

DESCRIPTION OF ACCIDENT/LOSS

Date of Accident / Loss: _____, Time of Day: _____ A.M. or P.M.

Location of Accident/Loss: _____

Description of Accident/Loss:

Attach supporting documentation such as photos, invoices, estimates of repair, or other information to fully describe this accident/loss.

_____ _____ _____

(Signature) (Print Name) (Date)

State of Texas
County of Tarrant

Before me, the undersigned Notary Public, on this day personally appeared _____ known to me through _____ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she voluntarily executed the same for the purpose therein expressed.

Given under my hand and seal of office on this the ____ day of _____ A.D. 20

Notary Public, State of Texas