



To file a claim against the City of Hurst, please fill out the following “City of Hurst Claim Reporting Form” and return it notarized to:

Hurst City Hall
City Secretary’s Office
1505 Precinct Line Rd.
Hurst, Texas 76054
817-788-7042

The City Secretary’s Office is available to notarize the form free of charge.

Office Hours:

Monday through Friday 8 a.m. to 5 p.m.*

*Excluding office closures recognized on the City Calendar located at www.hursttx.gov/residents/city-calendar or otherwise posted on the city website.

Important: The form must be signed in the presence of and witnessed by a notary. Please bring a current identification card or other document issued by a federal or any state government agency that includes the photograph and signature of the acknowledging person when having the City Secretary’s Office notarize the form.

The City Secretary will record the receipt of the claim and forward to Risk Management for processing. If you have questions regarding the status of the claim, please contact Risk Management at 817-788-7018.



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

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

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

Location of Accident/Loss: _____

Description of 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