



PROPERTY DAMAGE CLAIM FORM

*****If you have only been injured or injured in addition to property damage, you MUST complete the Personal Injury Claim Form.*****

Full Legal Name: _____ Date of Birth: _____
(Last Name, First Name, MI – include name of parent or Guardian if applicable) (00/00/00)

Mailing Address: _____
(Street address, City, State, Zip Code)

Email: _____

Cell Phone: _____ Home Phone: _____
(000-000-0000) (000-000-0000)

Description of Damage

In this section, provide as much detail as you can. Please note, **you MUST provide the following:** 1) Photos of the damage; 2) Proof of the expense you wish to be reimbursed or at least two (2) estimates of the cost to repair/replace the damages; 3) Your insurance declarations page showing the coverages you have; 4) Your vehicle's insurance, title, and registration (if applicable); 5) Police report or police report number (if applicable). **Failure to provide this information will delay the claim process and could result in a denial of your claim. Please note, providing this information does not guarantee payment to you. The City of Grand Rapids reviews each claim individually.**

Date: _____ Time of Incident: _____ Address of Incident: _____
(00/00/00) (00:00 am/pm) (Street address, City, State, Zip Code)

Witness Names and Phone Numbers: _____

Describe in detail what was damaged, how, and why the damage occurred (Use the back of this page or an additional sheet if needed):

Name of City Employee you spoke with (if applicable): _____

AS PART OF THE CLAIM PROCESS, YOU MUST CONTACT YOUR INSURANCE COMPANY TO VERIFY ANY COVERAGE.

Did you make a claim against your insurance? YES NO If yes, please provide their contact details: _____
(Circle One)

Please state the total dollar amount you are claiming from the City of Grand Rapids: _____
(You are REQUIRED to provide documents supporting this dollar amount)

Claimant Declaration and Signature

By signing below, I hereby swear the information provided above and attached to this claim is true and accurate under penalty of law.

Signature: _____ Date : _____

For Risk Management Use Only

Department Involved: _____

Substantiated? YES NO Action Take: APPROVE DENY CLOSE

Reason: _____

Amount Approved: _____

Date Received Stamp