



City of Newton

Human Resources Department

Post Office Box 550 • 401 N. Main Avenue • Newton, North Carolina 28658

Phone: (828) 695-4304 • Fax: (828) 465-7412

CITIZEN REQUEST TO FILE A CLAIM

This form is to be completed by the Citizen filing a claim for damages or reimbursement from the City of Newton. Please complete all applicable information and be as specific as possible. Attach any documentation available (i.e. police report, invoices, bills, estimates, photographs, etc.). If estimates are attached, two (2) independent estimates for repair/replacement must be provided. This information will be provided to the City's insurance adjusting firm for investigation and disposition of the Claim.

NOTE: BY SUBMITTING THIS FORM, THE CITY OF NEWTON IS NEITHER ACCEPTING NOR DENYING LIABILITY OR RESPONSIBILITY FOR THE OCCURRENCE DESCRIBED BELOW. AN INVESTIGATION WILL BE CONDUCTED BY THE CITY OF NEWTON. FURTHER INFORMATION MAY BE REQUIRED FROM THE CLAIMANT. THE CLAIMANT WILL BE NOTIFIED AS TO THE FINAL DISPOSITION OF THE CLAIM BY THE CITY'S INSURANCE ADJUSTING FIRM.

Date of Occurrence: _____ / _____ / _____ Time of Occurrence: _____ : _____ am / pm

Location of Occurrence: _____

Claimant Information: Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Mobile: (_____) _____

Description of Occurrence:



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Extent of Damages: _____

Estimate of Damages: \$ _____ (Attach documentation)

Insurance Company (if applicable): _____ Policy Number: _____

Agent: _____ Phone Number: (_____) _____

Witnesses name, address and phone number:

The above two (2) pages are true, complete, and accurate statements of the facts of my claim. I authorize the City of Newton to investigate my claim and to obtain information, including confidential or medical information that may be relevant to my claim.

Signature of Claimant

Date