

# Notice of Claim Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

This claim form may be used to file a claim for injury or damage with the City of Big Spring. The Charter law of the City requires notice of a claim to be brought within 90 days of its occurrence. The City requests that you include estimates, bills, photos, and other related documents with this claim form.

1. Date and time of incident: Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

2. Where did the injury or damage occur?

\_\_\_\_\_  
\_\_\_\_\_

3. How did the injury or damage occur?

\_\_\_\_\_  
\_\_\_\_\_

4. Explain the extent of the injury or damage.

\_\_\_\_\_  
\_\_\_\_\_

5. List names, addresses, and phone numbers of all witnesses:

\_\_\_\_\_  
\_\_\_\_\_

**These answers are true and correct to the best of my knowledge.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please submit this completed form or notice via US Mail, fax, or e-mail to:

City Attorney	Office: 432-264-2401
310 Nolan Street	Fax: 432-263-8310
Big Spring, TX 79720	E-mail: legal@mybigspring.com

This claim form will be sent to the City's public entity insurance pool, TMLIRP. Please allow at least 10 days for a representative to contact you.

**\*\* Acceptance of this claim by the City does not mean that the City has accepted liability.**