



Liability Claim Form

Name (property owner or injured person)

Address

Phone

Date of Incident

Location (where incident occurred)

Property damaged/injury sustained

Amount of damage/injury (estimate)

Describe the incident in detail. Include verbatim statements of the person suffering injury or property damage, and witnesses. Ask key witnesses to write statements. Please state how you believe the City caused or contributed to the damage/injury.

Witness #1 Name

Witness #1 Address

Witness #1 Phone

Witness #2 Name

Witness #2 Address

Witness #2 Phone

Documentation

Estimates

Statements

Pictures

Records

Other

Name of city employee(s) with knowledge of incident

Send claim and supporting documentation to: Office of City Attorney, PO Box 5503, Bismarck ND 58506-5503.

By signing and returning this claim form, I understand that I am asking the City of Bismarck to consider my claim for reimbursement.

Signature

Date

Note: The City will review the incident to determine whether it will offer payment to you for your loss.