

NOTICE OF CLAIM AGAINST THE CITY OF FORT WAYNE
(Please type or print)

Anyone who has a claim for personal injury or property damage against the City of Fort Wayne must submit the claim in writing **WITHIN 180 DAYS OF THE CLAIMED LOSS** as required in Indiana Code ch. 34-13-3. Each person claiming a loss must file a separate claim. You must provide all information requested below, sign, and date. To substantiate claimed damages, submit two estimates or a repair receipt, as well as photos. The completed notice must be delivered **in person** or by **registered or certified** mail and addressed to:

City of Fort Wayne, Attn: City Clerk's Office, 200 E. Berry Street, Suite 110, Fort Wayne, IN 46802.

1. **Date of Incident/Accident** _____ **Time:** _____ **AM/PM**

2. **Location of Incident/Accident** _____

3. **Person(s) involved (Name, Address, Telephone Number)** _____

4. **Description of Incident/Accident (Additional pages may be attached, if necessary)** _____

5. **Cause of Incident/Accident** _____

6. **Nature and extent of loss, injury or damage (including personal injury and property damage)**

7. **Expenses (Attached itemized receipts and to whom paid, or provide two (2) estimates of damages costs)**

8. **Date and cause of wrongful death** _____

9. **Witness(es) Name, Address, Phone Number**

Date
Do not write in space below

Signature of Claimant

Print Name

Address, City, State, Zip Code of Claimant

Telephone Number of Claimant

E-Mail address of Claimant

Authorized Agent or Attorney

**THE CITY OF FORT WAYNE, INDIANA TAKES NO RESPONSIBILITY WHATSOEVER FOR
COMPLETENESS OF THIS FORM OR AS TO WHETHER IT CONTAINS ALL THE STATUTORY
REQUIREMENTS FOR NOTICE OF CLAIM AGAINST A MUNICIPALITY.**