



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.