

“NOTICE OF CLAIM” FORM INSTRUCTIONS

1. Complete the attached claim form. It is not necessary to provide a detailed estimate at this time. If the claim is accepted under the City’s self-insurance agreement with the Texas Municipal League Intergovernmental Risk Pool, you will receive instructions from the Risk Pool as to obtaining estimates.

2. Return the claim form to the City. Via email to: cloven@colleyville.com; or U. S. Mail:

City of Colleyville
Attn: Christine Loven, City Secretary
100 Main Street
Colleyville, TX 76034

The completed form may also be dropped off in the Office of the City Secretary, (located in City Hall, on the third floor, 100 Main Street) from 8:00 a.m. to 5:00 p.m. Monday through Friday.

3. The Texas Municipal League Intergovernmental Risk Pool, and/or a contract adjustor on behalf of the City will contact you after the City receives the claim form. If this does not occur, please contact Christine Loven, 817.503.1133 (primary) or Jesse Perez, 817.503.1077 (secondary).

4. In the State of Texas, a municipal government’s liability or absence of liability for a claim is determined by the Texas Tort Claims Act. The Texas Municipal League Intergovernmental Risk Pool will make the determination of liability using the circumstances surrounding your claim. You will receive a response in writing from the Risk Pool regarding their determination.

NOTICE OF CLAIM

I understand that the City of Colleyville shall not be held responsible for any claim of damages unless I file this or another written report containing the information herein below contained. I also understand the person handing me this Notice of Claim form is not authorized to accept any notice of my injury nor is the person authorized to waive any of the requirements of the City Charter of the City of Colleyville. Please be advised this verified written claim or one setting forth the information contained herein must be filed within 120 days after the time at which claimant was damaged by the City of Colleyville. Acceptance of this claim will be forwarded to insurance company.

Name Today's Date

Home Address Telephone Number

COMPLETE THIS SECTION ONLY IF RELATIVE TO CLAIM

Office Address Telephone Number

License Number: _____ State: _____

Auto: Make: _____ Model _____ Year _____

Nature and character of damages or injuries and the extent of same:

Date and Time of Damages or Injuries: _____

Location Where Damages Occurred: _____

Conditions Causing Damages: _____

Circumstances under which damages happened:

Please list herein a detailed statement of each item of damages and the amount thereof:

Please list the names and addresses of any witnesses, if known to you, who witnessed such damages or injuries to you

Claimant Signature

THE STATE OF TEXAS

COUNTY OF TARRANT

_____, personally appeared before me, the undersigned authority, who upon his/her oath deposed and says he/she has read the above and foregoing Notice of Claim and the matters of the fact contained therein are within his/her personal knowledge and are true and complete.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____ 20____

Notary Public in and for the State of Texas

Commission expires: _____