# NOTICE OF CLAIM
# AGAINST THE CITY OF HUNTSVILLE

File this claim within 6 months of the injury or property damage with:

**CITY SECRETARY**
**CITY OF HUNTSVILLE**
**1212 AVE M**
**HUNTSVILLE, TEXAS 77340**

**PLEASE PRINT. PLEASE COMPLETE BOTH PAGES OF THIS FORM.**

FULL NAME: _____ PHONE NUMBERS: HOME _____

MAILING ADDRESS_____ WORK_____

_____
CITY STATE ZIPCODE

Section 14.06 of the City Charter of the City of Huntsville requires written notice before any claim for injury or damages may be considered. The Charter provides that:

The City of Huntsville shall not be held responsible on account of any claim for damages or injuries to any person, whether such damages or injuries resulted in death or not, or property unless the person making such a complaint or claiming such damages or injuries, shall within six months after the time in which it is claimed such damages or injuries were inflicted upon such person or property, file with the City Secretary a true statement under oath as to the nature and character of such damages or injuries, the extent of the same, and the place where same happened, the circumstances under which it happened, the conditions causing same, and a detailed statement of each item of damages and the amount thereof and, if it be for personal injuries, whether resulting in death or not, giving a list of witnesses, if any, known to affiants who witnesses such accident.

DESCRIBE IN YOUR OWN WORDS WHERE, WHEN, AND HOW THE DAMAGE OR INJURY OCCURRED. ATTACH ADDITIONAL PAGES IF NECESSARY.

DATE OF INCIDENT:_____ LOCATION:_____

APPROXIMATE TIME:_____ AM / PM

DETAILS OF INCIDENT:

THE TOTAL AMOUNT OF YOUR CLAIM AGAINST THE CITY: (WE REQUIRE THREE (3) ESTIMATES FOR DAMAGE.)

1._____

2._____

3._____

GIVE DETAILS OF YOUR CLAIM AGAINST THE CITY, **ESTIMATES MUST BE ITEMIZED**. ALL BILLS, ESTIMATES OF REPAIR, MEDICAL REPORTS, ETC. SHOULD BE ATTACHED. IF A VEHICLE, PLEASE STATE THE YEAR_____, MAKE:_____, AND MODEL:_____

STATE YOUR ACTUAL RESIDENCE FOR THE SIX (6) MONTHS BEFORE THE DAMAGE OR INJURY._____

Give the Names, Addresses and Phone Numbers of all Witnesses you are relying on to establish your claim.

| | | |
|---|---|---|
| Name_____ | Name_____ | Name_____ |
| ADDRESS_____ | ADDRESS_____ | ADDRESS_____ |
| CITY,ST,ZIP_____ | CITY,ST,ZIP_____ | CITY,ST,ZIP_____ |
| PHONE_____ | PHONE_____ | PHONE_____ |

HAVE YOU MADE PREVIOUS CLAIMS AGAINST THE CITY OF HUNTSVILLE? __YES ___NO
IF SO, PLEASE GIVE THE TYPE OF CLAIM AND WHEN IT WAS MADE._____

_____

**I hereby represent that all of the statements made in this claim are true and correct.**

_____
CLAIMANT'S SIGNATURE

**VERIFICATION**

THE STATE OF TEXAS §
COUNTY OF WALKER §

This statement was subscribed and sworn to me to be a true statement by

_____, on this the ____ day of_____, 20__.

(SEAL)

_____
NOTARY PUBLIC IN THE FOR THE STATE OF TEXAS

My commission expires _____