

# CITY OF BIG SPRING

## MEMORANDUM

To: Claimant  
From: City Secretary  
Subject: Claim for Damages

Attached is a form for you to complete and return to the City of Big Spring regarding a claim for damages or injury. A copy of an estimate to repair damages or to pay for medical services for injuries must accompany this form in order for your claim to be considered.

The City of Big Spring will file your claim with the Texas Municipal League Risk and Insurance Pool. The Texas Municipal League will investigate this claim and make a determination concerning any liability of the City. **The Texas Municipal League may determine that the City is not liable for the damages or injuries for which you have filed a claim.**

**RETURN THIS CLAIM FORM TO THE OFFICE OF THE CITY SECRETARY AT CITY HALL, 310 NOLAN, WITHIN SIX (6) MONTHS AFTER THE OCCURRENCE OF THE ACCIDENT.**

# The City of Big Spring

## Claim for Injury or Damages

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

This claim form is to be used to file a claim for damages or injury against the City of Big Spring. This claim form must be completed and returned to the City Secretary within six (6) months after the occurrence of the alleged injury or damages. Be specific in answering each question. **A copy of an estimate to repair damages must accompany this claim form.**

1. Date and time of accident: Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

2. Where did the injury or damage occur? \_\_\_\_\_  
\_\_\_\_\_

3. How did the injury or damage occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Explain the extent of the injury or damages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List the names, addresses, and phone numbers of all witnesses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**These answers are true and correct to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_