DIRECTIONS FOR FILING A CLAIM
WITH THE CITY OF MONTGOMERY

This form will not be accepted without ORIGINAL signature and notarization.
Please fill out and print the form to be notarized.

ONLY ORIGINAL CLAIM FORMS WILL BE ACCEPTED

The form cannot be faxed, emailed or otherwise electronically transmitted

To process your claim, we must have the following information:

(1) Claimant information (name, address, phone, occupation)
(2) Date and time of the incident or accident
(3) Place of incident or accident (be specific)
(4) Name of City Employee involved (if any)
(5) How did this incident or accident happen (give full details)?
(6) City vehicle identification number
(7) Photographs, videos or audio recordings
(8) Describe any personal injuries (attach bills)
(9) Describe property and damage (attach two (2) or three (3) estimates or bills)
(10) Witnesses (this is very important)
(11) Insurance Information
(12) Proof of ownership
(13) Amount of the claim
(14) Original signature
(15) Claim form notarized with original notarization

Please mail the claim form to:

City Clerk
P. O. Box 1111
Montgomery, AL 36101-1111

Or you may hand-deliver.

City Clerk
103 N. Perry Street, Suite 135
Montgomery, AL 36104

SWORN STATEMENT OF CLAIM

STATE OF ALABAMA)
MONTGOMERY COUNTY)

____

YOUR NAME:___________________________________PHONE:______________

EMAIL: ____

ADDRESS: Street____Apt#__________

City___________________________State____Zip__________________________

OCCUPATION:____

DATE OF ACCIDENT:__________________TIME:__________A.M.__________P.M.

PLACE OF ACCIDENT: (Be specific)____________________________________

____

____

NAME OF CITY EMPLOYEE INVOLVED: ___________________________________

CITY VEHICLE NUMBER: ____

HOW DID THIS ACCIDENT HAPPEN? (Give full details. Use additional sheet if necessary)

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DESCRIBE ANY PERSONAL INJURIES: ____________________________________

____

____

DESCRIBE PROPERTY DAMAGE: (Attach estimates) ________________________________

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____

____

WITNESSES:

________________________________ADDRESS:______________________________________

________________________________ADDRESS: _____________________________________

________________________________ADDRESS: _____________________________________

WAS THIS INCIDENT REPORTED TO THE POLICE?_______REPORT NUMBER_______

LIST ALL DOCTORS AND HOSPITALS INVOLVED IN TREATEMENT, IF ANY: _______

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IF ANY MEDICAL TREATMENT, HAVE YOU EXECUTED MEDICAL INFORMATION

RELEASE ON FOLLOWING PAGE? ________________

IF YOU CARRY INSURANCE FOR THIS LOSS, STATE THE NAME OF THE COMPANY:

____

STATE THE AMOUNT OF THIS CLAIM: ____

____
CLAIMANT-AFFIANT SIGNATURE

____
PRINTED SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS

______DAY OF___________________, 20___.

____
NOTARY PUBLIC

MEDICAL INFORMATION RELEASE AND AUTHORIZATION

TO: ANY ATTENDING PHYSICIAN OR HOSPITAL:

THIS OR ANY PHOTOSTATIC COPY HEREOF, CONSTITUTES MY FULL PERMISSION, REQUEST AND AUTHORIZATION FOR YOU TO FURNISH THE CITY OF MONTGOMERY WITH FULL REPORTS ON THE MEDICAL CONDITION OF

____

DOB_________________LAST FOUR DIGITS OF SOCIAL SECURITY ___________________

INCLUDING HISTORY, FINDINGS, PROGNOSIS, MEDICAL EXPENSES AND SUCH OTHER INFORMATION AS YOU HAVE NOW OR LATER HAVE.

_____________________________________ ___________
SIGN FULL NAME DATE

USE SPACE BELOW FOR FURTHER DETAILS

 P. O. Box 1111 · Montgomery, AL 36101 · Phone 334.625.2096