

CITY OF HIGHLAND PARK CITIZEN CLAIM FORM
(Please Print or Type)

HP CLAIM NUMBER: _____

Date Received: _____

City of Highland Park
Office of the City Attorney
12050 Woodward Avenue
Highland Park, Michigan 48203
(313) 252-0050 Ext. 252

To Whom it May Concern:

The following claim is hereby made against the City of Highland Park by _____
_____ (name) due to the occurrence on _____ (date) at _____

(time). CLAIM IS RELATED TO:

TREE

STREET/SIDEWALK/ALLEY

OTHER

1. Location _____

(Exact location of property including street address and cross streets.)

2. Explain in detail what happened. Use additional sheets if necessary: _____

3. Did you contact the City about this incident? YES NO

If yes, please give the date, time, and phone number you called: _____

4. Did someone from the City respond to your call and/or contact you? YES NO

If yes, please give that person's name and detail what they did: _____

5. List in detail the damages/injury you claim and provide a dollar value next to each item. Use additional sheets if necessary: _____

TOTAL AMOUNT OF CLAIM: \$ _____

NOTE: ENCLOSE ALL COPIES, IF POSSIBLE, OF PAST RECEIPTS FOR ITEMS DAMAGES OR INJURIES CLAIMED. INCLUDE COPIES OF AT LEAST TWO ESTIMATES TO REPAIR OR REPLACE ITEMS THAT WERE DAMAGED. INCLUDE COPIES OF ANY RECENT BILLS RELATED TO THE INCIDENT, SUCH AS CLEAN-UP COSTS, MEDICAL, ETC. INCLUDE ANY PHOTOS.

6. List all known witnesses of the incident. Use additional sheets if necessary:

NAME: _____ DAYTIME PHONE: _____

ADDRESS: _____

NAME: _____ DAYTIME PHONE: _____

ADDRESS: _____

7. Name of your Insurance Company: _____

Policy Number: _____

Name of Agent: _____

Type of Coverage: _____

Amount of Deductible: \$ _____

Have you filed a claim with your Insurance Company for damages? YES NO

If not, give the reason for not turning in your claim: _____

If yes, has the Insurance Company paid any portion of the damage? YES NO

If yes, indicate the amount your Insurance Company paid: \$ _____

If no, what reason did your Insurance Company give for denying your claim? _____

8. Did you take any photos of the damage? YES NO

If yes, please attach any photos.

SUBMITTED BY: (PLEASE PRINT)

Full Name: _____

Street Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Driver's License Number: _____

Signature: _____

Date: _____