DO NOT WRITE IN THIS SPACE	CLAIM #:	CAUSE #:	PRIOR CLAIMS? NO ☐ YES ☐

NOTICE OF CLAIM AGAINST THE CITY OF KENNEDALE

FOR PERSONAL INJURY-PROPERTY DAMAGE (LIABILITY INSURANCE ONLY)
Fax, Mail or Email to contact below within 30 days of the injury or property damage.
Do not use this form for Worker's Compensation issues.

CITY OF KENNEDALE
ATTN: FINANCE DEPARTMENT
405 MUNICIPAL DR., KENNEDALE, TX 76060
(817) 985-2110 – PHONE / (817) 483-0720 – FAX
kcrump@cityofkennedale.com

PRINT FULL NAME:_____

ARE YOU A CITY EMPLOYEE (PLEASE CHECK): YES_____ NO_____

HOME PHONE:_____ WORK PHONE:_____

ADDRESS, CITY, STATE OF CLAIMANT AT THE DATE THIS CLAIM IS PRESENTED:
_____

ADDRESS OF CLAIMANT FOR SIX (6) MONTHS PROCEEDING SUCH PERSONAL INJURY OR PROPERTY DAMAGE:
_____

TOTAL AMOUNT OF YOUR CLAIM AGAINST THE CITY: $_____
(IF AMOUNT IS UNKNOWN AT TIME OF INCIDENT, PENDING, OR FORTHCOMING, PLEASE ANNOTATE)

DESCRIBE IN YOUR OWN WORDS **WHERE**, **WHEN** AND **HOW** THE DAMAGE OR INJURY OCCURRED. ATTACH ADDITIONAL PAGES IF NECESSARY. GIVE NAMES OF OTHERS INVOLVED IF KNOWN.

DATE:_____ APPROXIMATE TIME: _____

LOCATION:_____

GIVE THE DETAILS OF YOUR CLAIM AGAINST THE CITY. **ATTACH COPIES OF ANY BILLS, ESTIMATES, MEDICAL REPORTS, ETC., IF AVAILABLE. ATTACH ADDITIONAL SHEETS IF NEEDED.**

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NAMES AND **ADDRESSES** OF ALL PERSONS UPON WHOM ARE WITNESSES TO THE ACCIDENT:

I, _____, swear and affirm that all the statements made in this claim are true and correct to the best of knowledge, so help me GOD.

_____ _____

SIGNATURE OF CLAIMANT DATE

STATE OF TEXAS §
§
COUNTY OF TARRANT §

BEFORE ME, _____, on this day personally appeared _____,

known to me or proved to be the person whose name is subscribed to this instrument, and acknowledged to me that he/she

executed the same for the purposes and consideration therein expressed.

Subscribed and sworn to before me this _____day of_____,20_____.

Notary Public In And For The State Of Texas

PROVIDING FOR NOTICE TO THE CITY COUNCIL OF PROPERTY DAMAGE, PERSONAL INJURY, DEATH, PROVIDING THE TIME AND LOCATION WHERE SUCH NOTICE IS TO BE GIVEN; PROVING THAT SUCH NOTICE MAY NOT BE WAIVED; AND PROVIDING THAT THE TIMELY FILING OF NOTICE OF ANY CLAIM AND REFUSAL OF SAME BY THE CITY COUNCIL IS A CONDITION PRECEDENT TO THE INSTITUTION OF ANY SUIT; PROVIDING FOR VERIFICATION OF THE NOTICE OF CLAIM; AND PROVIDING A SEVERABILITY CLAUSE.

City Must Fax Or Email To: Texas Municipal League (512-491-2366, dcastillo@tmlirp.org)
Copies to: City Manager, City Attorney, City Council, Dept: _____