



# Claim for Damage or Injury Form

It is a requirement that this form, if used, be presented to and filed with the City Clerk of the City of Meridian. This form is being provided as a courtesy to assist you in filing your claim. Providing this form to you is not an admission nor shall it be construed to be an admission of liability or an acknowledgement of the validity of a claim by the political subdivision. Legal requirements for filing claims can be found in Title 6, Chapter 9, Idaho State Code. All claims must be filed promptly, in writing.

Name: \* \_\_\_\_\_ Telephone: \* \_\_\_\_\_

Email: \_\_\_\_\_ Additional Telephone: \_\_\_\_\_

### Current Address:\*

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

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Previous Address

If different, provide the address where you resided the six months immediately prior to the date the damage or injury occurred.

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

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Date and Time (AM/PM) of Injury/Damage\*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

### Type of Injury/Damage

- Property Damage
- Personal Injury
- Other: \_\_\_\_\_

Location of Occurrence: \* \_\_\_\_\_

Describe How Damage or Injury Occurred: \* \_\_\_\_\_

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Dollar Amount of Claim: \_\_\_\_\_

**I hereby certify that I have read the above information and it is true and correct to the best of my knowledge, and I am making a claim against the City of Meridian, a public entity.**

Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach any available documents (photographs, repair estimates, invoices, etc.) to this form or email to [cityclerk@meridiacity.org](mailto:cityclerk@meridiacity.org)**