

**CITY OF PEORIA, ARIZONA
NOTICE OF CLAIM**

NOTICE: IMPORTANT INFORMATION

IN ORDER TO FILE A LAWSUIT AGAINST A PUBLIC ENTITY ALL CLAIMS MUST COMPLY WITH ARIZONA REVISED STATUTES § 12-821.01, ET SEQ., AND MUST BE FILED WITHIN 180 DAYS AFTER THE CAUSE OF ACTION ACCRUES. BY PROVIDING THIS CLAIM FORM, OR ENTERING INTO ANY DISCUSSIONS OR NEGOTIATIONS WITH YOU, THE CITY OF PEORIA DOES NOT WAIVE ANY OF ITS DEFENSES PURSUANT TO A.R.S. § 12-821.01, ET SEQ., OR ANY OTHER LAW.

THE CLAIMANT IS SOLELY RESPONSIBLE TO ENSURE COMPLIANCE WITH STATE LAW. YOU ARE CAUTIONED THAT YOU MUST PROVIDE SUFFICIENT FACTS FOR THE CITY TO UNDERSTAND THE BASIS UPON WHICH LIABILITY IS CLAIMED AND THE FACTS SUPPORTING THE AMOUNT FOR WHICH YOU STATE THE CLAIM CAN BE SETTLED.

THIS FORM IS OFFERED BY THE CITY OF PEORIA FOR CONVENIENCE PURPOSES ONLY. IF YOU HAVE QUESTIONS ABOUT THIS FORM OR YOUR CLAIM, IT IS YOUR RESPONSIBILITY TO SEEK LEGAL ADVICE ON YOUR OWN AND AT YOUR OWN EXPENSE. PLEASE DO NOT CALL OR OTHERWISE CONTACT ANY EMPLOYEE OF THE CITY OF PEORIA TO SEEK ANY ASSISTANCE IN FILING A CLAIM.

PURSUANT TO RULE 4.1.(i) OF THE ARIZONA RULES OF CIVIL PROCEDURE THE NOTICE OF CLAIM MUST BE SERVED UPON THE CITY CLERK, CITY OF PEORIA, ARIZONA, ROOM 150, PEORIA, ARIZONA 85345.

NOTICE OF CLAIM

Date of Loss		Time of Loss <input type="checkbox"/> AM <input type="checkbox"/> PM		Location of Loss		
Person or Entity Against whom the Claim is Asserted						
Claimant Last Name		First Name	Date of birth	Social Security # Required to Settle Claim	If Minor, Give Parent/Guardian Name	
Address			City	State	Zip Code Telephone	
Description of Occurrence						
Describe Damage to Property						
If Person(s) Injured, List the following information on all injured parties						
Name	Address		Description of injury		Date of Birth	Telephone
Responding Police Agency				Police Report #		
Claimant Vehicle Information						
Make		Model	Year	License Plate#		
City Vehicle Information						
Unit Number		Department		City Driver	License Plate#	
If Witnesses are available, provide the following information						
Name		Address		Telephone		
Comments:						
Specific amount for which your claim can be settled: \$						
Claimant Signature:				Date:		