



211 E. Pleasant Run Road
 DeSoto, Texas 75115
 Claims Dept. 972-230-7319
 Fax 972-230-5719
 Email: claims@desototexas.gov

NOTICE OF CLAIM FORM
 AGAINST THE CITY OF DESOTO, TEXAS
 PERSONAL INJURY – PROPERTY
 DAMAGE

Claim # _____
 Date of Loss _____

I understand that the City of DeSoto shall not be held responsible for any claim of damages unless I file this or another written report containing the information, hereinbelow contained. I also understand that the person handing me this "Notice of Claim Form" is not authorized to accept any notice of my injuries, nor is he/she authorized to waive any of the requirements of the City Charter of the City of DeSoto. I also understand that this verified written claim or one setting forth the information contained herein must be filed within 180 days after the time at which I (Claimant) was damaged by the City of DeSoto.

Name _____

Home Address, City, State, Zip Code _____ Telephone Number _____

Business Address, City, State, Zip Code _____ Telephone Number _____

DESCRIPTION OF CLAIM: (Attach copies of invoices, estimates, photographs, medical reports, etc. if possible.)
 Please give the details of your claim against the City. Please include the nature, character of damage or injuries, the extent of any damages or injuries, and any conditions that may have caused the damages or injuries. Use additional pages if necessary.

The total amount of your claim against the City is \$ _____

Location where damages or injuries occurred: _____

Date of damages or injuries: _____

DETAILED STATEMENT OF DAMAGE:

Please list below a detailed statement of each item of damage and the amount thereof:

<u>Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

LIST OF WITNESSES:

Please list the names and addresses of any witnesses, if known to you, who witnessed such injury to you:

All statements made in this claim are true and correct to the best of my knowledge.

Signature of Claimant _____ Date _____

The State of Texas; County of Dallas
 Before me, the undersigned authority, personally appeared _____, who upon his/her oath deposes and says he/she has read the above and foregoing NOTICE OF CLAIM FORM and that the matters of fact contained therein are within his/her knowledge and are true and complete. Given under my hand and seal of office this _____ of _____, 20____.

 Notary Public for and in the State of Texas