



Town of Mooresville

Post Office Box 878 • 413 N. Main Street • Mooresville, NC 28115 • Phone: 704-663-3800 • Fax: 704-663-4616

CITIZEN REQUEST TO FILE A CLAIM

This form is to be completed by the Citizen filing a claim for damages or reimbursement from the Town of Mooresville. Please complete all applicable information and be as specific as possible. Attach any documentation available (i.e. Police Report, invoices, bills, estimates, photographs, etc.). If estimates are attached, two (2) independent estimates for repair / maintenance must be provided. This information will be provided to the Town's insurance adjusting firm for investigation and disposition of the Claim.

NOTE: BY SUBMITTING THIS FORM, THE TOWN OF MOORESVILLE IS NEITHER ACCEPTING NOR DENYING LIABILITY OR RESPONSIBILITY FOR THE OCCURRENCE DESCRIBED BELOW. AN INVESTIGATION WILL BE CONDUCTED BY THE TOWN OF MOORESVILLE. FURTHER INFORMATION MAY BE REQUIRED FROM THE CLAIMANT. THE CLAIMANT WILL BE NOTIFIED BY MAIL AS TO THE FINAL DISPOSITION OF THE CLAIM BY THE TOWN'S INSURANCE ADJUSTING FIRM.

Date of Occurrence: ____/____/____ Time of Occurrence: ____:____ am/pm

Location of Occurrence: _____

Claimant Information: Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home: (____) _____ Work: (____) _____

Description of Occurrence: _____

Extent of Damages: _____

Estimate of Damages: \$ _____ (attach documentation)

Insurance Company: _____ Policy Number: _____

Agent: _____ Phone Number: (____) _____

Witness: _____ Phone Number: (____) _____

Address: _____

Signed: _____ Date: ____/____/____

THE ABOVE IS A TRUE, COMPLETE AND ACCURATE STATEMENT OF THE FACTS OF MY CLAIM. I AUTHORIZE THE TOWN OF MOORESVILLE TO INVESTIGATE MY CLAIM AND TO OBTAIN INFORMATION, INCLUDING CONFIDENTIAL OR MEDICAL INFORMATION THAT MAY BE RELEVANT TO MY CLAIM.

Signature of Claimant

Date