

NOTICE OF CLAIM AGAINST THE CITY OF KETCHIKAN
FOR DAMAGES TO PERSONS OR PROPERTY

(Pursuant to City Charter, Section 5-20)

TO: THE HONORABLE MAYOR AND CITY COUNCIL, City of Ketchikan, Alaska:

The City of Ketchikan is hereby notified pursuant to Section 5-20 of the Charter of the City of Ketchikan that the undersigned intends to hold the City liable for the claim herein specified:

1. **CLAIMANT:**

- a. Name: _____
- b. Address: _____
- c. Residence Phone No: _____
- d. Date of Birth: _____

2. **NOTIFICATION:** Name, telephone and address to which claimant desires notices to be sent if other than above:

3. **DESCRIPTION OF INCIDENT:** Please provide the following details concerning the occurrence or event from which this claim arises:

- a. Date: _____
- b. Time: _____
- c. Place (specific location): _____
- d. Please describe the particular occurrence, event, act or omission, which caused the injury or damage you are alleging (use additional paper of necessary):

- e. Please explain the reasons why you believe the City of Ketchikan or its employees were at fault:

4. **CITY EMPLOYEES:** Please provide the name or names of city employee(s) causing the damage or injury (if known):

5. **DESCRIPTION OF DAMAGE:** Please provide a description of the personal injury, property damage or loss, to the extent that it is known at the time of this claim. If there were no injuries, state "no injuries".

6. **OTHER CLAIMS:**

a. **OTHER INJURIES:** Please provide the name and address of any persons injured:

b. **OTHER PROPERTY DAMAGE:** Please provide the name and address of the owners of any other property damaged:

7. **DAMAGES:** Please attach an itemized list of all damages or losses claimed, including the quantity and quality of all items of property and a description of the age, brand, model and other identifying information as applicable, then fill in the total amounts below:

a. Amount claimed as of this date: \$ _____

b. Estimated future costs/damages: \$ _____

c. Total amount claimed: \$ _____

d. Please briefly explain the basis for computation of amounts claimed (attach copies of any written estimates, repair bills, and receipts or any other information substantiating the amounts of damage claimed:

8. **WITNESSES:** Please list the names, addresses and telephone numbers of all witnesses, repairmen, doctors, hospitals who may have information relating to this claim.

a. _____ Phone: _____

b. _____ Phone: _____

c. _____ Phone: _____

d. _____ Phone: _____

9. **ADDITIONAL INFORMATION:** Please note any additional information that may be helpful in considering your claim:

10. **VERIFICATION:** The statements made and information provided in the above claim are known to me to be true and accurate of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and ACCURATE.

SIGNED this _____ day of _____, _____, at _____
(City and State)

Signature of Claimant

Sworn to and subscribed before me, a Notary Public in and for the State of Alaska, First Judicial District, this _____ day of _____, _____.

NOTARY PUBLIC FOR ALASKA
My Commission Expires: _____

PLEASE NOTE: All claims must be filed with the City Clerk of the City of Ketchikan. Be sure that your claim is against the City of Ketchikan and not another public entity. When space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or delivered to: **City Clerk, City of Ketchikan, 334 Front Street, Ketchikan, Alaska 99901.** All claims must be **verified and notarized** or they will not be accepted for filing and will be returned.

FOR OFFICE USE ONLY

Received by: _____

US Mail

Over the counter

Date received: _____

Interoffice mail