

**OFFICE OF THE MAYOR**

City of Atlanta

55 Trinity Avenue, SW

Suite 2400

Atlanta, Georgia 30303

CLAIM FOR DAMAGESToday's Date: 02-27-2018**PRESIDENT, ATLANTA CITY COUNCIL**

City of Atlanta

55 Trinity Avenue, SW

Suite 2900

Atlanta, Georgia 30303

Dear Mayor or President of Atlanta City Council:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 250 property and/or \$ _____ bodily injury for which I contend the City is liable. **A specific amount of damages must be stated.**

1. Date of incident: _____ 2. Time of incident: _____ 3. Police called: YES/NO Report No. _____
4. Location of incident (including street address): _____
5. Name of your insurance company: _____ Phone No. _____ Policy No. _____ Claim No. _____
6. State what and how incident occurred:

7. **ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**

8. **The registered owner must make the claim for vehicle damages**, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle.

Your vehicle: _____

(Make) (Year)

(Tag Number)

(Driver's Name)

City vehicle: _____

(Make)

(City Driver's Name)

(Department/Bureau)

9. Witness: _____ Phone No. _____

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. **Claims must be received within 6 months from the date of the event. This completed form must be received by personal delivery, certified mail, or overnight statutory delivery upon the Mayor or President of the City Council.**

I HEREBY SWEAR OR AFFIRM THAT THE

ABOVE INFORMATION IS TRUE AND CORRECT.

(Print Claimant's Name)_____
(Address)_____
(City, State and Zip Code)_____
(Signature of Claimant)_____
(Email address of Claimant)_____
(Work Number)_____
(Home Number)