



The City of Lawton

CLAIM FORM

For proper receipt and processing, this form must be signed and returned to:

City Clerk's Office
212 Southwest 9th Street
Lawton, OK 73501

FAXED CLAIMS WILL NOT BE ACCEPTED

PLEASE TYPE OR PRINT IN INK.

CLAIMANT'S INFORMATION:

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Daytime Phone _____ Email _____

Date(s) and time(s) of damage _____ at _____ am / pm
month day year time

Address where damage occurred _____

If Claimant is not the owner of the damaged property, provide owner's name, address and daytime phone number.

CLAIMANT IS REQUIRED TO PROVIDE ALL DOCUMENTS TO SUPPORT HIS/HER CLAIM. FAILURE TO PROVIDE COMPLETE INFORMATION AND/OR SUPPORTING DOCUMENTS WILL DELAY INVESTIGATION OF YOUR CLAIM AND COULD AFFECT YOUR CLAIM'S DISPOSITION.

Give a brief description of what happened. Include the name of the City Department and/or employee involved, and a complete description of any City vehicle or property alleged to be involved in the incident. Provide any evidence that will prove the City or a City employee was responsible. Attach additional sheets if necessary. You must provide photographs of the damage(s) to support your claim. List any steps you have taken to reduce the amount of your damages. If you are alleging damages because of a pothole or other street defect you **MUST** provide pictures of the alleged pothole/defect. We cannot return documentation or photographs or make copies for you. Please keep copies of any documents you send.

INSURANCE INFORMATION:

Are you currently receiving Medicare? Yes No. *If yes, list Medicare/Medicaid insurance information on page 2*

Have you filed a claim with your insurance company for these damages? Yes No. If yes, submit a copy of your claim.

List the name of your insurance company, the policy number, and the agent's name, address and phone number:

(IF ADDITIONAL SPACE IS REQUIRED TO DESCRIBE DAMAGES, ATTACH ADDITIONAL SHEET(S) TO FORM)

PERSONAL PROPERTY DAMAGE (other than vehicle):

List items damaged. List each item damaged, age of item and original cost. Also list costs to repair or replace the items. If damage is to your home, attach copy of deed. Attach receipts or estimates to verify the amounts claimed and photographs of damaged property.

	Amount Claimed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL AMOUNT CLAIMED	\$ _____

PERSONAL INJURY:

List all personal injuries claimed, cost of medical treatment to date, anticipated medical cost, and any other loss. Provide documentation to support all damages claimed. Were you on the job at the time of the injury? Yes No If so, what is the name of your employer?

	Amount Claimed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
TOTAL AMOUNT CLAIMED	\$ _____

Has any medical bill been paid or will be paid by Medicare/Medicaid? Yes No. If so, list Medicare/Medicaid number.
Medicare/Medicaid Number _____

Date of Birth _____ Gender _____

If the City is responsible for such bills, the City must report any settlement to Medicare/Medicaid and will require the Claimant's social security number. I understand that the information requested is necessary to accurately coordinate benefits with Medicare/Medicaid and to meet its mandatory reporting obligation under Medicare Secondary Payer Act 42 U.S.C. § 1395y

Medicare/Medicaid Beneficiary Name (please print)

Medicare/Medicaid Beneficiary Name Signature

VEHICLE DAMAGE: (A copy of your vehicle title, front and back, is required)

List all vehicle damage and any other damages claimed. **ACTUAL REPAIR BILLS OR AT LEAST TWO ESTIMATES OF THE COST FOR ALL REPAIRS MUST BE SUBMITTED.** List each item damaged, age of item, and original cost. Attach receipts or estimates to verify the amounts claimed and provide photographs of vehicle damage.

	Amount Claimed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL AMOUNT CLAIMED	\$ _____

Claimant must sign form

Being duly sworn, I, _____, the Claimant, state that the above information is true and correct to the best of my knowledge. I further state that I have made no payment, given or donated or agreed to pay, give, or donate, either directly or indirectly, to any elected official, officer, or employee of the City of Lawton, money or any other thing of value to obtain payment and that no part of this claim has been previously paid.

Signature of Claimant

Date

Notary Public Commission Number: _____ My Commission Expires: _____