



CITIZEN CLAIM FORM

(DO NOT USE FOR WORK RELATED INJURIES/EXPOSURES)



NOTICE REQUIRED: Any person claiming to have suffered an injury or property damage by a public entity or by an employee thereof, while the course of their employment, shall file a written notice as provided by the COLORADO REVISED STATUTES, Section 24-10-109, within one hundred eighty two (182) days after the date of the discovery of the injury or damage.

CLAIM INFORMATION

NAME AND ADDRESS OF THE CLAIMANT AND ATTORNEY IF ANY:

<i>Claimant</i>	Name: _____	Date of Birth: _____
	Address: _____ Street City State Zip	
	Phone: _____	Email: _____
<i>Attorney: (if applicable)</i>	Name: _____	Phone: _____
	Address: _____ Street City State Zip	

Concise statement of the basis of the claim:

Date of the Incident: _____ Time: _____ AM PM
Month Day Year

Address: _____
Street City State Zip

Brief description of the incident: _____

How was the City negligent? _____

Name, address, and phone number of any public employee involved, if known:

Name: _____ Phone: _____

Address: _____
Street City State Zip

BODILY INJURY CLAIMS

Name of Injured: _____ Phone (home): _____ Phone (work): _____

Nature of the Injury: _____

Estimated Damage: \$ _____

MOTOR VEHICLE CLAIMS

<i>Citizen Vehicle:</i>	Year: _____ Make: _____ Model: _____ License #: _____
	Driver's Name: _____ Driver's License #: _____
	Driver's Phone (home): _____ Driver's Phone (work): _____
	Insurance Co: _____ Insurance Phone: _____
Describe Damage: _____	
<i>City Vehicle:</i>	Driver's Name: _____ Department: _____

Estimated Damage: \$ _____ Police Report #: _____

PROPERTY DAMAGE

Type of Property Damaged (ie: building, equipment, etc.): _____

Describe damage: _____

Estimated Damage: \$ _____

SIGNATURE (Required)

I understand that submitting this claim form does not signify an admission of liability by the City of Fort Collins or Poudre Fire Authority.

By checking this box and typing my name below, I am electronically signing this claim form.

Signature: _____ Date: _____

Email this form to: COFCclaims@fcgov.com

OR

Mail to: CITY OF FORT COLLINS, SAFETY, SECURITY, & RISK MANAGEMENT
P.O BOX 580
FORT COLLINS, CO 80522-0580

OR
return completed forms and documentation to:
CITY OF FORT COLLINS
SAFETY, SECURITY & RISK MANAGEMENT
215 NORTH MASON STREET, 2ND FLOOR
FORT COLLINS, COLORADO 80525