

City of Lyons



CLAIM OF DAMAGES LESS THAN \$1000

This information is required and must be provided completely and accurately for your claim to be considered. **A claim against the City of Lyons for alleged monetary damages can only be considered for that portion not otherwise covered by insurance.**

NOTE: The following information must be attached to this form

- Copy of Police Report
- 3 written estimates of damage
- Insurance denial or claim explanation
- Photographs or documents which substantiate your claim

Date: _____ Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Amount of your Claim \$ _____

Location-if road claim, list road name, direction of travel, lane, closest crossroad. If building list address.

Describe your loss or damage in detail.

How did you determine the value of your claim? Describe in detail and attach copies of receipts or estimates.

Explain why you feel the City of Lyons is responsible.

Explain why you are not at fault and why you could not have prevented the loss.

- Have you filed any other claims against the City of Lyons related to this loss? **YES/NO**
- Have you filed a claim or received reimbursement for all or any portion of this claim from another source? **YES/NO**
- Did your incident occur in a construction zone? **YES/NO**
- Do you have any other potential source of reimbursement (such as motor vehicle insurance) for all or a portion of this claim?
Please explain _____

List Witnesses – provide names and address and telephone numbers.

Other information which you feel should be considered.

I certify that the above information is, to the best of my knowledge, true and provided it claim is approved, I fully release and discharge the City of Lyons from all other causes of action, liabilities and damages I may have pertaining to this claim

Claimant Signature _____ Date _____

Notarization is not required for you to submit a claim, but you are encouraged to do so at this time, since any claim recommended for payment after the review

SWORN TO AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____, 20____

NOTARY PUBLIC, STATE OF GEORGIA
MY COMMISSION EXPIRES: _____

For official use only

Claim Reviewed by: _____ Date _____

Claim Approved: YES / NO

If no/Reason