

NOTICE OF CLAIM TO THE CITY OF IRVING

File this claim within 6 months of the date of injury or property damage with:

IRVING MAYOR & CITY COUNCIL
C/O CITY SECRETARY
P.O. BOX 152288
825 W. IRVING BOULEVARD
IRVING, TEXAS 75060

Date Stamp Here

City Claim No. _____

TPA Claim No. _____

Department(s) _____

To the Claimant: PLEASE READ BEFORE CONTINUING!

ARTICLE III OF THE CHARTER OF THE CITY OF IRVING REQUIRES WRITTEN NOTICE WITHIN SIX (6) MONTHS OF THE INCIDENT BEFORE ANY CLAIM FOR INJURY OR DAMAGE MAY BE CONSIDERED. THE CHARTER PROVISION READS AS FOLLOWS:

SEC. 8. Liability for negligence.

(a) Before the City of Irving shall be liable for damages for personal injuries of any kind or for injuries to or destruction or damage to property of any kind, the person injured or the owner of the property so injured, damaged, or destroyed or someone in his behalf, shall give the mayor and the city council notice in writing of such injury damage or destruction, not later than six (6) months after the same has been sustained, stating in such written notice when, where and how the injury damage or destruction occurred, the apparent extent thereof, the amount for which the claimant will settle, the street residence number of the claimant for the six months immediately preceding the occurrence of such injuries, damage or destruction, and the names and addresses of the witnesses upon whom he relies to establish his claim; and a failure so to notify the mayor and city council within the time and manner provided herein shall exonerate, excuse and except the city from any liability whatsoever.

(b) Neither the mayor, any city councilperson, the city manager, the city secretary, the city attorney nor any other officer or employee of the City of Irving or any employee of any firm, corporation or association employed by the City of Irving shall have authority to waive any provision of this section; however, the city council by five (5) or more affirmative votes may waive the six (6) months notice provision requirement.

PLEASE PRINT AND COMPLETE BOTH SIDES OF THIS FORM.

FULL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE CONTACT NUMBERS

Work No. _____ Home No. _____

Cell No. _____

Was this your address for the six months prior to the incident? Yes No

If No, please state prior address: _____

DATE OF INCIDENT _____ TIME OF INCIDENT _____

LOCATION OF INCIDENT _____

Please indicate the name of the city department / city employees involved in this incident if known: _____

Has the incident been reported to a City department or employee? Yes No If yes, name of department/employee: _____

Describe the nature of the incident and how it occurred. Attach additional pages if necessary. _____

Continued on other side

What is the least amount of money for which you would settle this matter? _____

Describe the nature of the injury or damage sustained and/or the property damaged. Attach readable copies of all medical reports, medical bills, repair bills and/or estimates of damages. _____

Please provide the name, addresses and telephone numbers of any witnesses who will establish this claim.

Witness Name	Address	Telephone Number

Have you made previous claims against the City of Irving? Yes No

If Yes, please give the type of claim and when it was made. _____

ALL THE STATEMENTS MADE IN THIS CLAIM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Witness my hand this _____ day of _____, 20_____

SIGNATURE OF CLAIMANT

VERIFICATION

The State of Texas

County of _____

Before me, the undersigned authority, a Notary Public in and for _____ County, Texas personally appeared _____ is subscribed to the foregoing instrument and acknowledged to me that _____ executed the same for the purpose, consideration and in the capacity therein expressed.

Given under my hand and seal of office this the _____ day of _____, 20_____

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

My commission expires _____

For Your Information

When your claim is received it will be recorded by the City Secretary's Office. Once recorded, it will be sent to Risk Management for forwarding to the City's third-party insurance claim representatives which will handle your claim. The appropriate department(s) will also be contacted for investigation. The City's insurance claim representative should be in contact with you within 24 hours of their receipt of your claim. Should you have questions concerning your claim, please contact:

CITY OF IRVING
Risk Management
P. O. Box 152288, Irving, TX 75015-2288 825 W.Irving Blvd., Irving, TX 75060
TEL 972.721.2696 ♦ FAX 972.721.2582 ♦ E-mail RiskMgmt@cityofirving.org