

CITY OF MINNEAPOLIS CLAIM FORM

COMPLETE APPLICABLE ITEMS ON THIS FORM AND SEND TO:

Send Claims against the City of Minneapolis to *Risk Management & Claims, 350 South 5th Street, Room 325M, Minneapolis, MN 55415*

Send Claims against the **Park Board** to the *Minneapolis Park & Recreation Board, 2117 West River Road, Minneapolis, MN 55411-2227*

INSTRUCTIONS	<ol style="list-style-type: none"> 1. The claim must be filed within 180 days of the occurrence. 2. Your claims must be based on the fault or liability of the City or its employees. 3. Attach copies of bills, estimates, pictures or other documents. 4. Your claim will be investigated by Risk Management & Claims Division 5. If more space is needed use reverse side. 6. For further information, call 673-2969. Fax: 612-673-2775 <p>Note: You may submit the completed claim form with all required documents at riskmanagement@minneapolismn.gov</p>
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NAME	WORK PHONE NUMBER	HOME PHONE NUMBER
STREET ADDRESS	CITY	STATE ZIP CODE

CLAIM IS FOR TOWING		CLAIM IS FOR VEHICLE OR PROPERTY DAMAGE		CLAIM IS FOR INJURY	
DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
LICENSE PLATE NUMBER		ATTACH TWO ESTIMATES OF THE COST OF THE REPAIRS \$ _____ \$ _____		TYPE OF INJURY	
COMPENSATION REQUESTED \$ _____		COMPENSATION REQUESTED		COMPENSATION REQUESTED	

LOCATION OF INCIDENT
Be specific. Give street address, intersection, direction traveling, side of street, number of feet, direction from curb, etc. Include diagram on another sheet if necessary

CIRCUMSTANCES (DETAILS OF HOW THE INCIDENT OCCURRED AND HOW THE CITY IS INVOLVED)

WITNESSES		
NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER

