## 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 5<sup>th</sup> 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

- 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

Note: You may submit the completed claim form with all required documents at

riskmanagement@minneapolismn.gov								
NAME				WORK PHONE N	IUMBER	HOME PHO	ONE NUMBER	
STREET ADDRESS			CITY		STATE	TATE ZIP CODE		
CLAIM IS F	OR TOWING	CLAIM IS FOR V	VEHICLE OR PROPERTY DAMAGE		CLAIM	CLAIM IS FOR INJURY		
DATE	TIME AM PM	DATE	TIME A	M	DATE	TIME AM PM		
LICENSE PLATE NUMBER		ATTACH TWO ESTIMAT	TES OF THE COST OF THE		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								
necessary								
CIRCUMSTANCES (DETAILS OF HOW THE INCIDENT OCCURRED AND HOW THE CITY IS INVOLVED)								
CARCELLA TALLES OF HOT THE ENGLISH OCCURRED HIS HOT THE CAT I BENTOLTED								
WITNESSES								
NAME		ADDRESS				TEL	EPHONE NUMBER	
NAME		ADDRESS				TEL	EPHONE NUMBER	

Last Revision Date: 5/31/2019

<u>Data Practices - Tennessean Warning, Minn. Stat. §13.04, Subd. 2:</u> The City of Minneapolis is requesting certain data that may be private under Minnesota Law. The City is requesting this data to assist in the investigation and adjudication of your claim. You are NOT					
required to provide the information requested, but this could hamper the City's ability to investigate and adjudicate your claim. Your private data will be available to Minneapolis Risk Management and other City staff, and may also be shared upon order of a court, or request by a state or federal agency. The public data you provide is subject to public release under the terms of the Minnesota Data Practices Act., Minn. Stat. §13.01, et seq.					
Minn. Stat. §60A.955 "A person who files a claim with intent to defraud or hagainst an insurer is guilty of a crime."	nelps (	commit a fraud			
Signature		Date			