PROPERTY DAMAGE INFORMATION

Claimant's Name: _____ SS#: _____-_____-_____

Address: _____

City: _____ State _____ Zip _____

Telephone: Residence (____) _____ Business: (_____) _____

Date of Incident: _____ Time: _____

Location of Incident:: _____

Description of property and how incident occurred:

_____

_____

_____

_____

Name and address of lien holder: _____

Describe extent of damage to property:

_____

_____

Any bodily injury involved? _____ If so, give name(s) of injured:

_____ _____ _____

_____ _____ _____

Estimated amount of claim $_____ **(attach supporting documents including at least 3 estimates)**

Police Investigated? _____ Branch and name of officer: _____

_____

Please attach a list with the name, address and phone number of any witnesses.

I hereby certify the above information is correct to the best of my knowledge.

_____ _____

Signature Date

Note: The supplying of this form is to obtain information and is not to be construed as an admission of any liability by Sumner County Government.

Return to: Sumner County Government
Office of Risk Management
355 N. Belvedere Dr., Suite 303
Gallatin, Tennessee 37066

Phone: 451-6023
Fax: 451-6052

Please describe how accident occurred on back of sheet.

RM-02 (10/25/93)