For Office Use: File No.

**CITY OF PEARLAND**

**NOTICE OF CLAIM FORM**

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| --- | --- |
| Today’s Date: |  |
| Name: Last, First: | Phone:  |
| Street Address: | Email: |
| City, State, Zip:  | Estimate your total loss: (Attach receipts and/or quotes, if any) |
| Date of Incident:  |
| Time of Incident:  | Police Case # (if applicable):  |
| Please use the space below to describe your claim/incident. It is important to clearly state your claim in your description. Use the back of the page if more space is needed. (Attach pictures, if any)  |
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This claim form will be sent to the City’s insurance company, Texas Municipal League (TML). Please allow at least 10 days for an insurance representative to contact you. \*\*Acceptance of this claim by the City does not mean that the city has accepted liability; the insurance company (TML) will evaluate, make an investigation, and make a decision based on the investigation.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed forms should be submitted via mail, fax or email to:

City Secretary’s Office

3519 Liberty Drive

Pearland, TX 77581

Office: 281.652.1653

Email: claims@pearlandtx.gov