



City of Farmersville Claim Form

Claim Against: _____
(Name of Entity)

Claimant's Name: _____ S.S.# _____ DOB: _____

Claimant's Address: _____ Phone# _____

Address where notices about claim are to be sent, if different from above: _____

Date of incident/accident: _____ Date of injury, damages, or losses were discovered: _____

Location of incident/accident: _____

What did entity or employee do to cause this loss, damage, or injury? _____

(Use the back of this form or separate sheet if necessary to answer this question in detail.)

What are the names of the entity's employees who caused this injury, damage, or loss (if known)?

What specific injuries, damages or losses did the claimant receive? _____

(Use the back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is the claimant seeking or, if the amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" GC 901(f) _____

How was this amount calculated (please itemize). _____

(Use the back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: _____ Signature: _____

If Signed by a representative:

Representative's Name: _____ Address: _____

Telephone # _____

Relationship to Claimant: _____