Claim Number_____-_____ (Admin use only)

City of Topeka Claim Form

Persons making claim against the City of Topeka must make certain that all pertinent information is included on the claim form. **PLEASE ATTACH ANY ESTIMATES, BILLS OR PICTURES** that support your claim. **Do not attach originals please**, as they may not be returned.

☐ **MR.**

☐ **MRS.**

☐ **MS.**

PLEASE PRINT LEGIBLY OR TYPE ALL ANSWERS

_____ _____

(FIRST NAME OF CLAIMANT) **(LAST NAME OF CLAIMANT)**

_____ _____ _____ _____

(ADDRESS) **(CITY)** **(STATE)** **(ZIP)**

_____ (____) _____ (_____) _____ (_____) _____

EMAIL ADDRESS **(HOME PHONE NUMBER)** **(WORK PHONE NUMBER)** **(CELL PHONE NUMBER)**

DESCRIPTION: Please state exactly what happened that leads you to believe that the City of Topeka is responsible for any alleged damages you may have suffered. **Please be specific and use details:**

_____

_____

_____

_____

_____

(ADDITIONAL COMMENTS MAY BE WRITTEN ON THE BACK OF THIS FORM)

When did these events happen? _____ _____

(DATE) **(TIME)**

Where did these events happen? _____

(SPECIFIC LOCATIONS PLEASE)

Please list any witnesses to the event:

_____ _____ (_____)_____

(NAME OF WITNESS) **(ADDRESS OF WITNESS)** **(PHONE NUMBER OF WITNESS)**

_____ _____ (_____)_____

(NAME OF WITNESS) **(ADDRESS OF WITNESS)** **(PHONE NUMBER OF WITNESS)**

_____ _____ (_____)_____

(NAME OF WITNESS) **(ADDRESS OF WITNESS)** **(PHONE NUMBER OF WITNESS)**

Have you reported this to a City Department? YES or No If so, when?_____

(CIRCLE ONE) **(DATE)**

To whom did you make the report? _____

(NAME AND DEPARTMENT OF PERSON)

Do you have any reason to believe that the City knew that there was a problem before you made the report?

YES or NO If so, what is the reason?_____

(CIRCLE ONE)

How much do you think you are owed by the City? _____

_____ _____

(SIGNATURE OF CLAIMANT) **(DATE)**

RETURN TO: **Office of the City Clerk**
215 SE 7th Street, Rm. 166
Topeka, KS 66603