NOTICE OF CLAIM

You may use this form to submit a claim against the City of Kingsville. Claims must be submitted within 180 days of the injury and or property damage as per the Texas Torts Claim Act. You may submit the completed claim form by:

Claim Act.	You may submit the completed claim	n form by:				
Email:	hrsafety@cityofkingsville.com	rsafety@cityofkingsville.com				
Mail:	Human Resources City of Kingsville P.O. Box 1458 Kingsville, TX 78364					
Hand Del	iver: 400 W. King Ave. 1 st Floor, City Hall					
Fax: (361) 595-8064					
Online:	Notice of Claim					
	Please type or print					
Claimant I	nformation					
Full Name: _						
Email Addres	ss:					
Mailing Addr	ess:					
	ss:					
City:	State:	Zip Code:				
Home Phone	Number:Work/	Work/Cell Phone Number:				
Incident						
Date / Time :						

Specific Location and/or Address:

Reporting Vehicle Damage] Yes	□ No	
Insurance Company:		PH#_	
Reporting Property Damage	Yes	□ No	
Home Owner's Insurance Co			PH#
Statement Describe in your own words, what addresses, and phone numbers of department, City vehicle unit nu	of others involved o	or witnesses of the inc	cident, including which City
The total amount of your claim a	against the City is \$		
Email additional information s photographs, medical reports, si	-	-	<u> </u>
NOTICE: Any person who ke files a statement of claim contain a felony.		•	-
I hereby state all the information	provided in this cla	aim is true and correc	t.
Date:	Signature of Cla	imant:	
When completing this form electronically, it	need not be signed. Instead	simply type your name above	s.
You will be contacted by an HR	Specialist within (5	(-10) business days of	receiving your claim.
When completed use the SUBM	IT BUTTON to sub	mit your claim for pr	ocessing.

If submitting electronically, you will receive an e-mail confirming that your notice of claim has been received. If you do not receive a confirmation, be sure to check your spam or junk e-mail.