

## CITY OF MINNEAPOLIS CLAIM FORM

### COMPLETE APPLICABLE ITEMS ON THIS FORM AND SEND TO:

Send Claims against the **City** to *Risk Management & Claims*, 330 2<sup>nd</sup> Avenue South, Suite 550, Minneapolis, MN 55401  
 Send Claims against the **Park Board** to the *Minneapolis Park & Recreation Board*, 2117 West River Road, Minneapolis, MN 55411-2227

#### INSTRUCTIONS

1. The claim must be filed within 180 days of the occurrence.
2. Your claims must be based on the fault or liability of the City or its employees.
3. Attach copies of bills, estimates or other documents.
4. Your claim will be investigated by Risk Management & Claims Division
5. If more space is needed use reverse side.
6. For further information, call 673-2969

NAME		WORK PHONE NUMBER	HOME PHONE NUMBER
STREET ADDRESS		CITY	STATE ZIP CODE

CLAIM IS FOR TOWING		CLAIM IS FOR VEHICLE OR PROPERTY DAMAGE		CLAIM IS FOR INJURY	
DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
LICENSE PLATE NUMBER		ATTACH TWO ESTIMATES OF THE COST OF THE REPAIRS \$ _____ \$ _____		TYPE OF INJURY	
COMPENSATION REQUESTED \$ _____		COMPENSATION REQUESTED		COMPENSATION REQUESTED	

#### LOCATION OF INCIDENT

Be specific. Give street address, intersection, direction traveling, side of street, number of feet, direction from curb, etc. Include diagram on another sheet if necessary


#### CIRCUMSTANCES (DETAILS OF HOW THE INCIDENT OCCURRED AND HOW THE CITY IS INVOLVED)


#### WITNESSES

NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER

**MN Statutes 60A.955 "A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."**

Signature	Date
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**If you need this form in another format it is available on the City of Minneapolis Risk Management webpage at [http:// www.minneapolismn.gov/finance/risk/claims](http://www.minneapolismn.gov/finance/risk/claims)**

