

# CITY OF CONROE CLAIM FORM

CLAIMANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ HOUR \_\_\_\_\_

LOCATION WHERE INCIDENT OCCURRED \_\_\_\_\_



POLICE REPORT: NO \_\_\_ YES \_\_\_ CASE NUMBER: \_\_\_\_\_

DESCRIBE FULLY HOW THE INCIDENT OCCURRED *(Use additional sheets if needed.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE FULLY THE EXTENT OF INJURY OR DAMAGE *(Please attach supporting estimates, receipts, etc. Include make, model, and license number of vehicle involved.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME, ADDRESS, WORK, AND HOME PHONE NUMBERS OF WITNESSES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\*USE BACK OF PAGE OR ADDITIONAL PAGES IF NECESSARY

MAIL TO: City of Conroe Human Resources, 300 West Davis, Conroe, Texas 77301

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_