



CLAIM AGAINST
The City of Jacksonville, Illinois
Skip Bradshaw, City Clerk

PERSON(S) INVOLVED: _____
Last Name First Name

ADDRESS: _____

PHONE: _____

DATE & TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

DESCRIPTION OF OCCURRENCE: (detailed)

If personal injury or property damage incurred, describe: _____

Medical attention sought: Date _____

Name of Physician: _____ Phone: _____

Address: _____

Property damage estimated cost to repair: (attach written estimate by appropriate service repairman)

Cost: \$ _____ Name of Business Providing Estimate: _____

Address: _____ Phone: _____

I hereby state that the information given above is true to the best of my knowledge.

Signature of Person Completing the Report

Printed Name of Person Completing the Report

CITY CLERK'S OFFICE DOCUMENTATION BELOW:

Date Reported _____

Information taken by _____ of _____ Office

Date referred to City Insurance Agent by City Clerk's Office: _____

Action to be taken by Insurance: _____

Closure Date: _____