

# DAMAGE CLAIM FORM

**This information will be forwarded to the municipal insurance carrier for review.**

This form must be completed and forwarded to the City Secretary by one of the below methods:

By mail:  
Office of the City Secretary  
214 Meadow Park Drive  
White Settlement, TX 76108

By email:  
aarnold@wstx.us

In Person:  
City Hall  
214 Meadow Park Drive  
White Settlement, TX 76108

**Complete the following:**

Date form completed: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Claimant Address: \_\_\_\_\_

Claimant contact info: \_\_\_\_\_  
*(Home/ Cell #) (email)*

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name of person completing form (if not claimant) \_\_\_\_\_

Relationship to claimant \_\_\_\_\_

Detailed description of incident (use back of page if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Attach all invoices and/or estimates to cover the cost of repairs or other requested reimbursement for above described damage. Include photos or police reports if applicable.**

Provide specific request for remedy:  
\_\_\_\_\_  
\_\_\_\_\_

“By signing below I agree that the above statements made by me are true and correct and no attachments have been altered to provide false information.”

\_\_\_\_\_  
Signature of Claimant or representative

\_\_\_\_\_  
Date Signed

