



## City of Meridian Claim for Damage or Injury

**It is a requirement that this form, if used, be presented to and filed with the City Clerk of the City of Meridian. This form is being provided as a courtesy to assist you in filing your claim. Providing this form to you is not an admission nor shall it be construed to be an admission of liability or an acknowledgement of the validity of a claim by the political subdivision. Legal requirements for filing claims can be found in Title 6, Chapter 9, Idaho State Code. All claims must be filed promptly, in writing.**

Name:	Telephone: (Home)	(Work)
Current Address:		
Address for the Six Months Immediately Prior to the Date the Damage or Injury Occurred:		
Date Damage or Injury Occurred:	Time:	AM or P.M
Location of Occurrence:		
Any Injuries:	If yes, what type?	
Describe How Damage or Injury Occurred:		

I hereby certify that I have read the above information and it is true and correct to the best of my knowledge.

I hereby make a claim against the City of Meridian, a public entity, for (damage, injury, etc.) \_\_\_\_\_

In the amount of: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please attach any other information, estimates and supportive documentation**