

**CITY OF LORENA**  
107-A S. FRONTAGE ROAD  
LORENA, TX 76655  
CITY SECRETARY 254-857-4641  
FAX 254-847-4118

**NOTICE OF CLAIM FORM**  
AGAINST THE CITY OF LORENA, TEXAS  
PERSONAL INJURY – PROPERTY DAMAGE

Claim # \_\_\_\_\_

Date of Loss \_\_\_\_\_

I understand that the City of Lorena shall not be held responsible for any claim of damages unless I file this or another written report containing the information, herein below contained. I also understand that the person handing me this "Notice of Claim Form" is not authorized to accept any notice of my injuries, nor is he/she authorized to waive any of the requirements of Chapter 2-Sec.2-148. of the City of Lorena Code of Ordinances requires written notice before any claim for injury or damages may be considered. (www.municode.com) I also understand that this verified written claim or one setting forth the information contained herein must be filed within 180 days after the time at which I (Claimant) was damaged by the City of Lorena.

Name \_\_\_\_\_

Home Address, City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Business Address, City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**DESCRIPTION OF CLAIM:**

(Attach copies of invoices, estimates, photographs, medical reports, etc. if possible.)

Please give the details of your claim against the City. Please include the nature, character of damage or injuries, the extent of any damages or injuries, and any conditions that may have caused the damages or injuries. Use additional pages if necessary.

The total amount of your claim against the City is \$ \_\_\_\_\_

Location where damages or injuries occurred: \_\_\_\_\_

Date of damages or injuries: \_\_\_\_\_

**DETAILED STATEMENT OF DAMAGE:**

Please list below a detailed statement of each item of damage and the amount thereof:

<u>Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

**LIST OF WITNESSES:**

Please list the names and addresses of any witnesses, if known to you, who witnessed such injury to you:

All statements made in this claim are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

The State of Texas; County of McLennan

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who upon his/her oath deposes and says he/she has read the above and foregoing NOTICE OF CLAIM FORM and that the matters of fact contained therein are within his/her knowledge and are true and complete. Given under my hand and seal of office this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public for and in the State of Texas