



City Attorney's Office  
300 West Main Street  
P.O. Box 534045  
Grand Prairie, Texas 75050  
(972) 237-8026 (972) 237-8030 Fax

## NOTICE OF CLAIM

**(Please Print)**

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Describe WHERE, WHEN, and HOW the damages or injury occurred. Attach additional pages if necessary. Give names and addresses of others involved if known.**

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Approximate Time: \_\_\_\_\_

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

The TOTAL amount of your claim against the City is:  
(If available, please attach copies of any bills, estimates, medical reports, etc.)

ALL OF THE STATEMENTS MADE IN THIS CLAIM ARE TRUE AND CORRECT TO  
THE BEST OF MY KNOWLEDGE:

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

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