



City of Duncanville
203 E. Wheatland Rd.
Duncanville, TX 75116
972-780-5012
972-780-6495 (Fax)

NOTICE OF CLAIM FORM

PERSONAL INJURY – PROPERTY DAMAGE

CONTACT INFORMATION

Name

Home Address, City, State, Zip Code

Telephone Number

Business Address, City, State, Zip Code

Telephone Number

INCIDENT INFORMATION

Attach copies of invoices, estimates, photos, medical reports, etc. if possible. Please give 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.

Location of Incident

Date of Incident

Medical Attention Required?

Police Report# if applicable

Description of Incident including property damage, if any:

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

Signature of Claimant

Date

By submitting this claim it does not guarantee liability nor the acceptance of liability by the City. All claims shall be reviewed and processed by the City's property and liability insurance provider.

The insurance provider is TMLIRP, PO Box 149194, Austin, TX 78714, 1-800-537-6655.