

OFFICE OF THE CITY CLERK 601 12TH STREET PHENIX CITY ALABAMA 36867 PHONE: 334.448.2720 / Fax—334.448.2721

CLAIM FORM

Received:			
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	Approved De.	med Tabled
Claimant Information:	Phone No.:	
Name:	Alternate No.:	
Address:	Employer:	
	Email:	
Date of Incident:	ESTIMATES: Please list each estima	te separately lowest to highest.
Location:	Company Name	Cost of Estimate
Type of Damage(s) Claimed:		
Explain in detail the nature of the incident and/or damages occurred:	List the names and phone numbers for any witness to the incident or damages:	
	Did the Police or any other Official n	nake an investigation?
	Do you have insurance to cover the damages?	
	If yes, have you filed a claim with you	ur insurance company?
Explain why you feel the City of Phenix City is responsible for theses damages:		
	CLAIMANT'S SIGNATURE	DATE
	Must be signed and dated on the state the City Clerk's Office.	same day it is submitted to



The City of Phenix City requires that all claims be submitted with the following documentation:

- Completed claim form
- Police report
- 3 (three) estimates for the damages, repairs, and/or replacements. Each estimate must be in writing from the business providing the estimate and submitted on the businesses letterhead.

No claim will be accepted without all required documentation listed above. If you have any questions, please contact the City Clerk's Office.

State Code Requirements

The Code of Alabama requires that all claims must be filed with the City Clerk's Office within six months of the accrual of the claim *{§11-47-23}*.

State Code also requires that all claims be submitted with a sworn statement regarding the details of the claim. *{§11-47-192}*.

Claims Process:

Once submitted, the claim will be turned over to the appropriate department (i.e., public works, utilities), the City Manager, and City Attorney for investigation into the matter. Once the investigation is completed, the claim will be presented to Council at the next available council meeting for their review and consideration.

The City Attorney will present the facts of the claim to Council at that time. Council has the option of approving the claim, denying the claim, tabling the matter for further investigation, or referring the claim to another party/agency (insurance company, contractor, or appropriate state or county agency).

Payment:

If approved, the City will issue payment in the amount of the lowest estimate within 7 to 10 business days after approval. The claimant will be required to meet with the City Attorney to sign a release form before receiving payment.

Most claims are processed within four to six weeks depending on the nature of the claim.