

CITY OF WEST JORDAN RISK MANAGEMENT DIVISION

BASIC CLAIM INFORMATION

IMPORTANT!!! This information is provided as a service to the citizens of the City of West Jordan and is not intended to substitute for legal advice. There are claims that are not subject to the requirements of the Governmental Immunity Act of Utah and which may be subject to other laws or procedures. Not all claims are honored even if correct procedures are followed; there are many circumstances where a claim need not be paid. You are urged to obtain competent legal advice if you have any questions. In addition, the City of West Jordan makes no warranty as to the correctness or completeness of this information. Requirements of the Governmental Immunity Act of Utah change from time to time. You are responsible for compliance with the current requirements of the Governmental Immunity Act of Utah. The provision of this information is not to be construed as a waiver of any provision of the Governmental Immunity Act of Utah.

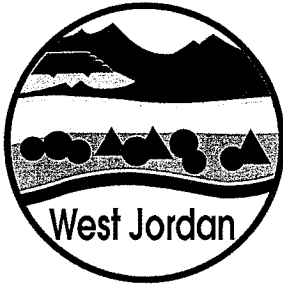
In general, to make a claim against the City of West Jordan for personal injury or property damage, you are required to comply with the provisions of the Governmental Immunity Act of Utah, Code Ann. § **63G-7-101 et. seq.** (or subsequent versions). This can usually be found at your local library or on the Utah State Government website.

1. Completed NOTICE OF CLAIM FORM (attached). The completed NOTICE OF CLAIM FORM must be dated and signed by the individual making the claim or by his or her legal representative. The completed NOTICE OF CLAIM FORM you submit must contain your original signature—copies or facsimiles are **not** acceptable.
2. Relevant documentation, including, but not limited to, police report(s), witness statement(s), photo(s), and/or vehicle repair estimate(s) maybe submitted with the claim form but are not necessary to file your claim.

Mail or Deliver your claim to:

Melanie Briggs, City Recorder
8000 S. Redwood Road, 3rd Floor
West Jordan, Utah 84088-4604

5/2008



Notice of Claim Form

City of West Jordan, Utah

Telephone: 801-569-5140

PLEASE COMPLETE ONE NOTICE FOR EACH CLAIMANT

(Use additional sheets if needed)

Claimant Information (Last Name)		(First Name)	Date of Birth (MM/DD/YYYY)
Home Phone	Work Phone		Other phone
Address, City, State, Zip			
Location of Incident			
Date of Incident		Time of Incident	
Vehicle Information, if applicable (year, make, model)		Registered Owner (if other than Claimant)	
City Employee Involved (if known)	Police Case # (if known)	Law Enforcement Agency	
Is this loss covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which agency			
Brief Statement of facts:			

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