



Dear Claimant:

This acknowledges your request for a Claim for Damages form, which is enclosed.

Return the **COMPLETED, SIGNED** claim form to the City Clerk, 455 N. Main, Wichita, KS 67202. Your claim must include documentation to support the amount of your claim. Documentation may include invoices, paid receipts, bills or repair estimates. You may include photographs, if available. Failure to complete, sign and include documentation will delay in the processing of your claim.

Once your claim form has been received, your claim and documentation will be sent to the Department involved for investigation. Their results will be sent to the City's Law Department where it will be assigned to an Attorney for review. Upon completion of the investigation, you will be notified in writing of the decision. The outcome may be as follows:

1. The claim is being denied because there was no negligence by a City employee and, therefore, there is not a legal obligation to pay the damages;
2. An offer to pay the claim; or
3. Another resolution as the facts may dictate.

Please allow 6-8 weeks for processing of your claim.

Department of Law

Gary E. Rebenstorf, Director of Law and City Attorney

City Hall • 13th Floor • 455 North Main • Wichita, Kansas 67202-1635

T 316.268.4681 **F** 316.268.4335

www.wichitagov.org

CLAIM FOR DAMAGES

CITY OF WICHITA, KANSAS

This form is to be completed in its entirety. If your claim is for personal injuries and is allowed by the City of Wichita, you may be asked for additional information, as required by law, including date of birth, social security number and medical records.

Return to the **City Clerk's Office, City Hall - 13th Floor, 455 North Main, Wichita, Kansas 67202**. In the STATEMENT OF CIRCUMSTANCES SECTION, give all information available that will answer the questions of (1) how the incident/accident happened, (2) names of other people involved, and (3) the cause. Inquiries regarding the status of claim may be directed to the Law Department, 268-4681.

Name _____ Telephone _____

Address _____
(City) (State) (Zip)

Date of Accident **OR** Incident _____ Time of Accident **OR** Incident _____

Location of Accident **OR** Incident _____

Witnesses _____

Amount Claimed \$ _____ (Please itemize or attach estimate of damages or paid receipts)

STATEMENT OF CIRCUMSTANCES:

I do hereby certify that the above amount is correct, reasonable and just, and that the amount claimed therein is due and unpaid.

Date

Signature of Claimant