

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