NOTICE OF CLAIM

You may use this form to submit a claim against the City of Kingsville. Claims must be submitted within 180 days of the injury and or property damage as per the Texas Torts Claim Act. You may submit the completed claim form by:

Email: HR Specialist - Gisela Hernandez ghernandez@cityofkingsville.com Mail: **Human Resources** City of Kingsville P.O. Box 1458 Kingsville, TX 78364 Hand Deliver: 400 W. King Ave. 1st Floor, City Hall Fax: (361) 595-8064 Online: **Notice of Claim** Please type or print **Claimant Information** Full Name: _____ Email Address: Mailing Address: Home Address: ____ City: Zip Code: Home Phone Number: ______Work/Cell Phone Number: _____ **Incident** Date / Time : _____

Specific Location and/or Address:

Reporting Vehicle Damage	☐ Yes	□ No
Insurance Company:		PH#
Reporting Property Damage	□ Yes	□ No
Home Owner's Insurance Co)	PH#
•	ers of others involved	ow the damage or injury occurred. Provide names, or witnesses of the incident, including which City er/operator, if known.
Email additional information	n such as expanded s	statement, copies of any bills, estimates, photographs
NOTICE: Any person who	o knowingly, and with	chernandez@cityofkingsville.com intent to injure, defraud or deceive the City, mplete, or misleading information is guilty of
I hereby state all the informat	tion provided in this cl	aim is true and correct.
Date:	Signature of Cla	nimant:
When completing this form electronically	y, it need not be signed. Instead	d, simply type your name above.
You will be contacted by an l	HR Specialist within (5-10) business days of receiving your claim.
When completed use the SUI	BMIT BUTTON to su	bmit your claim for processing.
•	=	mail confirming that your notice of claim has been sure to check your spam or junk e-mail.