



## Property & Liability Claim Form

### Instructions

Please complete the information on the following page of this form and submit a completed form to:

City of Texarkana, Texas  
Human Resources  
220 Texas Blvd.  
Texarkana, TX 75504

To expedite claim review, please attach to this form copies of the following as applicable:

- Medical reports / health care invoices
- Witness statements
- Police reports
- Damage estimates or repair invoices
- Photographs* (if available, ***please e-mail to [joy.sartor@txkusa.org](mailto:joy.sartor@txkusa.org)***)

If you need additional information or help regarding the claim submission process, please contact the Human Resources Department at 903-798-3928.

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The City's receipt of this Claim Form is neither an admission of City liability nor a promise to pay a claim.

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For Office Use Only: Received by \_\_\_\_\_ on \_\_\_\_\_, 202\_\_.



## Claimant Information

Full Name of Claimant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Available Phone Number: \_\_\_\_\_ (Circle one) home office cell

***A completed claim form will be forwarded to the City's Claims Adjuster, Texas Municipal League, and a representative of Texas Municipal League may contact you at the address and phone number listed above. City staff does not determine claim liability.***

## Incident Information

Date of Incident: \_\_\_\_\_

Specific Location of Incident: \_\_\_\_\_

Describe the incident and details of your claim; where, when, and how the incident occurred; any personal injuries; any property damage (include brand name, make/model/year, serial or vehicle identification number, date of purchase, purchase cost); witness identification (name, address, phone number). Attach additional pages to this form if necessary.

Total amount of your claim against the City of Texarkana, Texas is \$ \_\_\_\_\_

**The statements made in this claim form are true and correct to the best of my knowledge:**

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date