

## Document Submission Information

Please give us your name, email and contact number so we may contact you if needed regarding the document you are submitting.

Thank You.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

## **DIRECTIONS FOR FILING A CLAIM WITH THE CITY OF HUNTSVILLE**

To process your claim we must have the following information:

- (1) Claimant Information (Name, Address, Phone, Occupation, Age, Sex, Marital Status, and Name of Spouse)
- (2) Date and Time of the Incident or Accident
- (3) Place of Incident or Accident (be specific)
- (4) Name of City Employee Involved (if any)
- (5) How did this Incident or Accident happen (give full details)
- (6) Sketch of the Incident or Accident (if appropriate)
- (7) Describe any Personal Injuries (attach bills)
- (8) Describe Property and Damage (attach two(2) or three(3) estimates or bills)
- (9) Witnesses (this is very important)
- (10) Insurance Information
- (11) Amount of the Claim
- (12) Signature
- (13) Claim Form Notarized

Please Mail the Claim Form to:

The City Clerk-Treasurer  
PO Box 308  
Huntsville, AL 35804  
-or-

You can take it to the City Clerk-Treasurer's Office on the third floor of City Hall.

**PURSUANT TO AL CODE SECTION 11-47-23, YOU MAY BE REQUIRED TO FILE A NOTICE OF CLAIM WITHIN SIX MONTHS OF ACCRUAL. IT IS THE SOLE RESPONSIBILITY OF THE CLAIMANT TO ENSURE THAT A NOTICE OF CLAIM IS RECEIVED BY THE CITY CLERK-TREASURER WITHIN THE APPLICABLE DEADLINE.**

# HUNTSVILLE

The Star of Alabama

Legal Services

256.427.5026

doclegalquestions@huntsvilleal.gov

STATE OF ALABAMA  
MADISON COUNTY

RETURN TO:  
City/Clerk Treasurer  
P.O. Box 308  
Huntsville, AL 35804

## AFFIDAVIT OF CLAIM

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YOUR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ \*Zip \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

PLACE OF ACCIDENT: (Be Specific) \_\_\_\_\_

\_\_\_\_\_

NAME OF CITY EMPLOYEE INVOLVED: \_\_\_\_\_

HOW DID THIS ACCIDENT HAPPEN? (Give full details. Use additional sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY PERSONAL INJURIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE PROPERTY DAMAGE: (Attach Estimates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WITNESSES:

\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_ ADDRESS: \_\_\_\_\_

IF YOU CARRY INSURANCE FOR THIS LOSS, STATE THE NAME OF THE COMPANY:

\_\_\_\_\_

STATE THE AMOUNT OF THIS CLAIM: \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT-AFFIANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\*TO INSURE TIMELY RESPONSE, INCLUDE ZIP CODE IN ADDRESS.

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