

STATE OF ALABAMA
MADISON COUNTY

RETURN TO:
City/Clerk Treasurer
P.O. Box 308
Huntsville, AL 35801

AFFIDAVIT OF CLAIM

YOUR NAME: _____

ADDRESS: _____ PHONE: _____

OCCUPATION: _____ (Zip Code*) 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: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 200____.

CLAIMANT-AFFIANT

NOTARY PUBLIC

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