CITY OF OCALA RISK MANAGEMENT
CLAIM FOR DAMAGES

You have indicated that you wish to make a claim against the City of Ocala for damages. So that we can process your claim, please give us the following information and anything else you may have to support your claim:

Date: _____

Name: _____

Address: _____

City, State and Zip: _____

Phones: Home: _____ Work: _____ Cell: _____

Date and time of Accident/ Incident: _____

Where did it happen?: _____

What happened? (use another sheet of paper if insufficient space):

_____

_____

_____

_____

_____

_____

_____

_____

What damages are you claiming from the City? Attach receipts or estimates:

_____

_____

_____

_____

_____

Signature

Submit: Via mail: HR/Risk Management Department, 110 SE Watula Avenue, Ocala, FL 34471
In person: 110 SE Watula Avenue, 3rd Floor Ocala, FL 34471
Via fax: 352-401-6942; Via e-mail: to hrrisk@ocalafl.org