

City of Chicago
Property Damage Claim Form

Please note: Title 2, Chapter 2-12, Section 2-12-060 of the Chicago Municipal Code requires that all claims be printed legibly and neatly.

* Required information

PLEASE PRINT LEGIBLY AND NEATLY

	Today's Date:			
1.	Claimant Name*:	First	Middle Initial	Last Name
2.	Claimant Address*:			
3.	Claimant City, State & Zip Code:			
4.	Claimant Telephone:	Office	Home	Cellular
5.	Claimant's Email Address:			
6.	Claimant's Insurance Company:			
7.	Policy Holder's Name, Policy Number and Policy Period:	Policy Holder's Name:		
		Policy Number:		
		Policy Period:		
		(Effective Date)		(Expiration Date)
8.	Did you file a claim with your insurance company?:	Yes	No	
9.	Letter of Experience from Insurance for all claims over \$500.00:	Yes	No	
		Must be provided for claims over \$500.00		
10.	Date and Time of Incident*:	Date	/	/
		MM	DD	YYYY
		Time	.	A.M./P.M.
11.	Incident Location: (provide specific address, i.e. 1234 W. Main St.):			
12.	Witness Name (if applicable):	First	Middle Initial	Last Name
13.	Witness Address:			

(OVER)

14.	Witness City, State & Zip Code:	
15.	Witness Telephone:	Office Home Cellular
16.	Description of Incident (give details of how damage occurred)* Use additional sheet if necessary:	
17.	Police Report Number:	
18.	City Department Report:	
19.	Two Written Itemized Estimates attached on company letterhead or Itemized Paid Bill with proof of payment attached:	Two Written Estimates Itemized Paid Bill
20.	Additional information submitted (i.e. photos, etc.):	
21.	I am aware of the substantial penalties, attorneys', and legal fees that may be imposed for filing a false or fraudulent claim, pursuant to Municipal Code, Ch. 1, Sec. 1-22-020:	
		Signature Date
22.	Certification - This signature certifies that the information on this form is true and accurate to the best of my knowledge. I have submitted this information in a manner that represents the true facts of this claim for the purpose of investigating this claim.	
		Signature Date

Mail this form to:

REMEMBER

- Respond to all questions
- Attach supporting evidence and information

Chicago Claims Unit
2 N. LaSalle Street, Suite 350
Chicago, IL. 60602
(312) 744-5650 Voice
(312) 744-5449 Fax