# 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

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<tr>
<td><strong>Today's Date:</strong></td>
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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 / / Time . A.M./P.M.
    - MM DD YYYY

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)
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<tbody>
<tr>
<td><strong>14.</strong></td>
<td>Witness City, State &amp; Zip Code:</td>
</tr>
<tr>
<td><strong>15.</strong></td>
<td>Witness Telephone:</td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td>Description of Incident (give details of how damage occurred)* Use additional sheet if necessary:</td>
</tr>
<tr>
<td><strong>17.</strong></td>
<td>Police Report Number:</td>
</tr>
<tr>
<td><strong>18.</strong></td>
<td>City Department Report:</td>
</tr>
<tr>
<td><strong>19.</strong></td>
<td>Two Written Itemized Estimates attached on company letterhead or Itemized Paid Bill with proof of payment attached:</td>
</tr>
<tr>
<td><strong>20.</strong></td>
<td>Additional information submitted (i.e. photos, etc.):</td>
</tr>
<tr>
<td><strong>21.</strong></td>
<td>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:</td>
</tr>
<tr>
<td><strong>22.</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>

**REMEMBER**

-- Respond to all questions
-- Attach supporting evidence and information

Mail this form to:

**Chicago Claims Unit**
30 N. LaSalle Street, Suite 800
Chicago, IL. 60602