## **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 Nam	e:	
		Policy Number:		
		Policy Period:		
		(Effective Date)		(Expiration Date)
8.	D id you file a claim with your insurance company?:	Yes	No	
9.	Letter of Experience from Insurance for all claims over	Yes	No	
1.0	\$500.00:		Must be	e provided for claims over \$500.00
10.	Date and Time of Incident*:	Date / MM D	/ Time DD YYYY	. 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:			

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	Signature		Date
	of this claim for the purpose of investigating this claim.	Signature		Dale

## REMEMBER

-- Respond to all questions

Attach supporting evidence and information

Mail this form to: City of Chicago Claims Unit 2 N. La Salle St., Suite 350 Chicago, IL 60602 312.744.5650 Voice 312.744.5449 Fax cityofchicagoclaims@ccmsi.com