



**CITY OF WEST JORDAN
RISK MANAGEMENT DIVISION
(801) 569-5140**

BASIC INFORMATION

IMPORTANT!!!

This information is provided as a service to the residents of the City of West Jordan and is not intended to substitute for legal advice. There are claims that are not subject to the requirements of the Governmental Immunity Act of Utah and which may be subject to other laws or procedures. Not all claims are honored even if correct procedures are followed; there are many circumstances where a claim will not be paid. You are urged to obtain competent legal advice if you have any questions. In addition, the City of West Jordan makes no warranty as to the correctness or completeness of this information. Requirements of the Governmental Immunity Act of Utah change from time to time. You are responsible for compliance with the current requirements of the Governmental Immunity Act of Utah. The provision of this information is not to be construed as a waiver of any provision of the Governmental Immunity Act of Utah.

In general, to make a claim against the City of West Jordan for personal injury or property damage, you are required to comply with the provisions of the Governmental Immunity Act of Utah, Code Ann. § **63G-7-101 et. seq.** (or subsequent versions). This can usually be found at your local library or on the Utah State Government website.

1. Completed all areas of the NOTICE OF CLAIM FORM (attached).
2. The individual making the notice (or his/ her legal representative) must sign and date the notice. The completed NOTICE must contain an original signature. Copies, facsimiles, and emails are **not** acceptable.
3. Any relevant documentation, including, but not limited to, police report(s), witness statement(s), photo(s), and/or vehicle repair estimate(s) maybe submitted with the claim form but are not necessary to file your claim.
4. Mail or Deliver Notice to

Melanie Briggs, City Recorder
8000 S. Redwood Road, 3rd Floor
West Jordan, Utah 84088-4604

07/2014

	<h2 style="margin: 0;">Notice of Claim Form</h2> <p style="margin: 0;">City of West Jordan, Utah Telephone: 801-569-5140</p> <p style="margin: 0; color: blue;">PLEASE COMPLETE ONE NOTICE FOR EACH CLAIMANT</p> <p style="margin: 0;">(Use additional sheets if needed)</p>
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Claimant Information (Last Name)	(First Name)	Date of Birth (MM/DD/YYYY)
Best Phone to Reach	Other phone	Other phone
Address, City, State, Zip		
Location of Incident		
Date of Incident	Time of Incident	
Vehicle Information, if applicable (year, make, model)		Registered Owner (if other than Claimant)
City Employee Involved (if known)	Police Case # (if known)	Law Enforcement Agency
Is this loss covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, company or Agent name _____ Phone# _____		
Brief Statement of facts:		

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Nature of the claim asserted:		
Injuries Incurred:		
Witnesses to the incident		
Name	Address	Telephone

VERIFICATION

READ BEFORE SIGNING:

I certify, under penalty of perjury, that the foregoing statements are true to the best of my knowledge and belief. I understand that my filing of a materially false statement may constitute fraud and subject me to criminal prosecution.

(Date Signed)

(Claimant's signature)

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