



PROPERTY DAMAGE CLAIM REPORT

Date: _____ Claim Contact Member: _____ Bob Jay

Member Name: City of Ottumwa & Ottumwa Transit Telephone No. _____ 641-683-0622

Address: _____ 105 E Third Street _____ Ottumwa _____ Iowa _____ 52501
Street City State Zip

Certificate No.: _____ 0014

Date of Loss: _____ Loss Location: _____

Description of Loss and Damage:

Estimated Amount of Loss: _____

List a detailed description of each damaged item:

(Please use additional pages if needed)

Were the Police or Fire Dept. called? _____ If so, attach copy of report(s).

Was any third party responsible for this loss? _____

If so, explain who and why:

Name of Contact Person: _____

Telephone No.: _____

Date: _____

E-Mail Address: _____

This form has been completed by:

Name (Please Print): _____

Address: _____

Telephone No.: _____

Submit two written estimates and/or bills paid to date

Location Code: [] Administration [] Police [] Fire [] Parks/Recreation [] Water/Sewer [] Streets/Highways

Mail to: City Hall, ATTN: City Clerk
105 E. Third St., Ottumwa, Iowa 52501

Fax No.: 641.683.0613
Phone No.: 641.683.0621

Report Completed By: _____
Print

Telephone No.: _____

Signature: _____