



PUBLIC OFFICIALS CLAIM REPORT

Date: _____ Claim Contact Member: Bob Jay

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

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

Certificate No.: 0014

Date of Loss: _____ Time of Loss: _____

Facts of Loss:

Type and amount of damages claimed, if known:

(Please use additional pages if needed)

Name of Public Official: _____ Telephone #: _____

Name of Claimant: _____
Address: _____
Telephone No.: _____
E-Mail Address: _____

Does the Claimant have an attorney? _____ Yes _____ No

Attorney Name: _____ Attorney Telephone # _____

Has a suit been filed? _____ Yes _____ No *****If yes, please attach the suit papers to this report.*****

Date suit papers received: _____ By Whom: _____

Inquiries?: _____ Yes _____ No If yes, please describe inquiries below:

(Please use additional pages if needed)

Witness Name: _____ Telephone #: _____

This form has been completed by:
Name (Please Print): _____
Address: _____
Telephone No.: _____

*****Note: Please attach Investigation Reports and/or Legal Pleadings received as of this date.*****

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

Mail to: City Hall, ATTN: City Clerk Fax No.: 641.683.0613
105 E. Third St., Ottumwa, Iowa 52501 Phone No.: 641.683.0621

Report Completed By: _____ Signature: _____
(Print)