

## NOTICE OF CLAIM

Article X, Section 10 of the City Charter provides "Before the city shall be liable for damages for personal injuries of any kind, the person injured or someone in that person's behalf shall file with the city secretary in the manner prescribed by ordinance notice in writing of such injury within 180 days after the same has been sustained, reasonably describing the injury claimed and the time, manner and place of the injury. The failure to so notify the city within the time and manner specified herein shall exonerate, excuse and exempt the city from any liability whatsoever."

### Send to: City of Corpus Christi at:

**Email:** cityclaims@cctexas.com

**Mail:** City Secretary  
City of Corpus Christi  
P.O. Box 9277  
Corpus Christi, TX 78469-9277

**Hand Delivery:** 1201 Leopard St., 1st Floor, City Hall, City Secretary's Office, Corpus Christi, Texas

**Fax:** (361) 826-3113

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Address of Incident: \_\_\_\_\_

Insurance Company (if vehicle damage): \_\_\_\_\_ PH# \_\_\_\_\_

Property Insurance Co. (if damage to property): \_\_\_\_\_ PH# \_\_\_\_\_

Owner of Damaged Property: \_\_\_\_\_

Accident Report Number (attach) \_\_\_\_\_

All Injuries & Damages: \_\_\_\_\_

The total amount of my claim against the City is \$ \_\_\_\_\_

Witness Names & Phone Numbers: \_\_\_\_\_

City Department involved in accident/incident: \_\_\_\_\_

Full Statement of where, when, and how this incident/damage/injury occurred. City vehicle number(s) and names of City personnel are included. Statement may reference attachments.

All of the statements made in this claim are true and correct.

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_,  
(First) (Middle) (Last)  
and my address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, USA.  
(Street) (City) (State) (Zip Code)

I declare under penalty of perjury that the foregoing and all other statements made by me in all parts of this document are true and correct.

Executed in Nueces County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Notice:** A person who, with intent to injure, defraud or deceive the City, knowingly files a statement of claim containing false, incomplete or misleading information is committing a crime.

\_\_\_\_\_  
**Declarant**

Attachments: \_\_\_\_\_,  
Copies of all accident reports, bills, estimates, photographs, medical reports, signed witness statements, and other information that relates to this incident are attached.

You should expect to be contacted by a Claims Adjuster within 10 business days of receiving your claim. The claims adjuster may contact you to request additional information to determine whether the City has legal liability for your claim. Failure to fully and accurately provide all necessary information to properly investigate your claim may delay or prevent payment. If submitting electronically, you will receive an e-mail confirming that your notice of claim has been received. Be sure to check your junk mail before contacting our office.