

NOTICE OF CLAIM

CITY OF NORTH LAS VEGAS RISK MANAGEMENT DIVISION
2250 LAS VEGAS BLVD NORTH, SUITE 820
NORTH LAS VEGAS, NV 89030
TELEPHONE: (702) 633-1460 Ext. 1417 FAX: (702) 399-8426
RiskManagement@cityofnorthlasvegas.com

Date: _____

TO: RISK MANAGEMENT, CITY OF NORTH LAS VEGAS, NEVADA

Claim Number: _____

_____ Personal Injury Claim _____ Property Damage Claim

Please take notice that a claim is hereby made against the City of North Las Vegas, Nevada, for damages described as follows:

1. Name of Claimant: _____

2. Address: _____

3. City, State, Zip _____

4. Email and Telephone Number: _____

5. Location where occurred: _____

6. Time and date occurred: _____ : _____ - _____ / _____ / _____

7. Brief statement of facts concerning what happened (Attach a separate sheet and photos, if necessary):

8. Character and extent of injury or damage: _____

9. Name, addresses and phone numbers of witnesses present at time of injury or damage:

10. Amount of Claim, if known: _____ (attach any estimates)

11. Related to bodily injury cases. Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA Section 111) information: Under MMSEA Section 111, any entity that pays settlement, judgment, award or other payment after July 1, 2009 is required to report that claim to Medicare. To meet these mandatory reporting requirements, you will be required to submit your date of birth and social security number before payment is made on your claim. For additional information on MMSEA Section 111, visit: www.cms.hhs.gov.mandatoryinsrep

12. I HEREBY CERTIFY that the above and foregoing claim against the City of North Las Vegas, Nevada is just and reasonable, and that the claim is now due, owing and unpaid. I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct. Executed by:

13. _____
Claimant Signature and Date

State of _____)
SS
County of _____)

_____, being duly sworn, deposes and says that _____ is the person mentioned in and who subscribed the foregoing Notice of Claim, and that the matters and facts therein stated are true of his/her own knowledge and belief, except as to matters specifically stated thereon upon information and belief and as to those matters he/she believes them to be true.

Sworn before me this _____ day of _____, 20_____.

Notary Public