

CITY OF OAK PARK

CLAIM FORM FOR INJURY/DAMAGES

Section 19.5 of the Charter of the City of Oak Park, Michigan, requires anyone claiming injury or damages to submit a written statement to the City Clerk (248-691-7544) at 14000 Oak Park Blvd, Oak Park, MI 48237. Questions regarding a submitted claim should be directed to the City Manager's Office at (248) 691-7410. If you are filing a claim for a sewer backup pursuant to PA 222 of 2001, this form must be filed within 45 days of the occurrence or your claim may be barred.

IN ACCORDANCE WITH PROVISIONS OF SECTION 19.5 OF THE CHARTER OF THE CITY OF OAK PARK, I HEREBY SUBMIT CLAIM FOR INJURY/DAMAGES SUSTAINED BY:

NAME:				
ADDRESS:				
CITY:	STATE:	ZIP:	PHONE:	
DATE OF INCIDENT:				
ADDRESS WHERE INJURY/I	NCIDENT OCCU	RRED:		
DESCRIBE NATURE OF INJUCIRCUMSTANCES UNDER V				
		(OVER)		

City of Oak Park

IN CASE OF INJURY, WAS MEDICAL TREATMENT GIVEN?
IF SO, BY WHOM?
DATE OF TREATMENT:
IS FURTHER MEDICAL TREATMENT INDICATED? IF SO, PLEASE EXPLAIN:
NAMES AND ADDRESSES OF WITNESSES:
IN CASE OF PROPERTY DAMAGE, HAS A CLAIM BEEN FILED WITH ANY OTHER ENTITY?
IF SO, WITH WHAT ENTITY?
RELATIONSHIP OF INJURED PERSON TO PERSON MAKING REPORT:
I hereby notify the Clerk of the City of Oak Park, Michigan, that I intend to hold the City of Oak Park liable for injuries/damages sustained by on as above described.
X
XSignature of Claimant