



Notice of Claim Form WHITE CITY WATER IMPROVEMENT DIST.

999 GALENA DR, SANDY, Utah 84094
(Telephone: 801-571-3991 Fax: 801-571-2688)

This form is to be used to request consideration of a claim for damage ;which, may have been caused by White City Water Improvement District, Utah. Each blank must be filled out completely; if the information is not applicable, mark "N/A" in the blank. All claims should be accompanied by the actual damage costs or at least three (3) estimates from reliable sources of the projected costs attached to this form. If additional space is needed for your response, attach additional sheets. **PLEASE TYPE OR PRINT IN BLACK INK.**

Name:

Home Telephone:

Work Telephone:

Street address:

City, State and Zip:

Police Report # _____ (if applicable)

Claimed amount of loss: \$

Type of Loss
(Check box)

Bodily
 Other _____

Property Damage

Location of incident:

Date of incident:

(street address, City)

DESCRIPTION OF THE INCIDENT (Describe the time place and manner in which the loss occurred. If the loss involves an automobile accident, show the direction, speed, point of impact, describe weather conditions and attach police report if applicable.)

Description of the loss (Attach copies of bills and/or estimates, if available)

WITNESSES TO THE INCIDENT

Name	Street address	City, State & Zip	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Was this loss/accident investigated by any law enforcement agency?

Yes No **If yes, which agency?** _____

If available attach a copy of the investigating officer's report.

Is this loss covered by insurance? Yes No

If yes, Insurance Company name _____ **Policy No.** _____

If damage is to a vehicle, lien holder of the vehicle: _____

If damage is to real property, provide name of owner: _____

Has the damage been appraised or repairs estimated? Yes No

If so, by whom? _____

VERIFICATION

I certify, under penalty of perjury, that the foregoing statements are true to the best of my knowledge and belief. I understand that my filing of a materially false statement may constitute fraud and subject me to criminal prosecution.

Date: _____

Name: _____
(signature)

STATE OF UTAH)
) ss
COUNTY OF SALT LAKE)

On the _____ day of _____, 20____, _____ personally appeared before me and, being by me duly sworn, did say the foregoing statements are true to the best of his/her knowledge and belief.

NOTARY PUBLIC residing in: _____