

THE CITY OF
BALCH SPRINGS
GROWING COMMUNITY

PERSONAL INJURY – PROPERTY DAMAGE CLAIM FORM

Claim Number:	_____
Date Received:	_____/_____/_____
OFFICE USE ONLY	

(Please print)

Full Name: _____ Home Phone: (_____) _____

Address: _____ Business Phone: (_____) _____

City, State, Zip: _____

Describe in your words WHERE, WHEN and HOW the damage or injury occurred. Attach additional pages if necessary. Give names and addresses of others involved if known.

Location: _____

Date: _____ Approx. Time: _____ AM _____ PM

Name of City Employee: _____ Department: _____

The TOTAL amount of your claim against the City is: \$ _____

(Attach copies of bills, estimates, medical reports, etc.
if you have them. **Failure to include estimate will delay processing**).

ALL OF THE STATEMENTS MADE IN THIS CLAIM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Client

Date