

CLAIM AGAINST THE CITY OF MESQUITE

(For damages to persons or personal property)

INSTRUCTIONS

A claim must be filed with the City Clerk of the City of Mesquite. The City Clerk's Office is the **only** office to which claims may be submitted. Claims which are submitted to other departments or persons will not be accepted and the statute of limitations on your claim may expire as a result of the improper filing.

You should be certain that your claim is against the City of Mesquite and not another public or private entity.

The information you provide on this form is necessary to fairly evaluate and consider your claim. Please provide complete information. If you need more space, attach a separate sheet of paper. Please submit copies of any estimates, invoices or bills. You may submit additional evidence, such as photographs, police report, etc., if you wish. However, such additional evidence will **not** be returned.

PROCEDURE

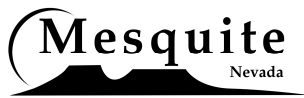
Claims received by the City Clerk's Office located in Mesquite City Hall, 10 E. Mesquite Blvd., Mesquite, Nevada 89027, are forwarded to the City's Claims Administrator. All claimants are generally notified within 45 days in writing what action will be taken.

All claims are public records. Anyone presenting a false claim is guilty of a gross misdemeanor and is subject to criminal penalties.

PLEASE PRINT OR TYPE

1. Your full name: _____
Name of injured person/owner if different: _____
Address: _____
City/State/Zip Code: _____
Daytime Telephone Number: _____
Mobile/Cell Phone Number: _____
2. Date and time damage or injury occurred: _____
3. Exact location where damage or injury occurred: _____

4. Did you report the damage or injury? Yes _____ No _____
When? _____
To whom? _____
Did you file a police or accident report? Yes _____ No _____ (If yes, please attach).



5. Describe how the damage or injury occurred (give full details):

If there were no injuries, state "No injuries": _____

6. Were City of Mesquite employee(s) involved? Yes _____ No _____

7. What is the name and job title or description of the City of Mesquite employee(s) involved? _____

8. Explain and support the amount you have claimed by listing each item of damage, and by attaching repair estimates, repair bills, receipts, medical reports, itemized statements, etc.

9. State the full names, addresses and telephone numbers of all witnesses:

10. Please provide any additional information you think would be helpful in considering this claim:

NOTICE

§197.160 of Nevada Revised Statutes provides that every person who knowingly presents a false or fraudulent claim(s) is guilty of a gross misdemeanor, and is subject to criminal penalties of imprisonment of up to one year, and a fine of up to \$2,000.00.

***Please note: You must have this claim notarized prior to submitting for processing.**

