

**NOTICE OF CLAIM  
AGAINST THE CITY OF LAREDO****PERSONAL INJURY - PROPERTY DAMAGE**

Written notice must be received by the City Secretary within six (6) months of the injury or property damage.

Submit Claim To: **City Secretary**  
**1110 Houston Street**  
**Laredo, TX 78042**

For Filemark Only

Please complete the following form  
and attach documentation if necessary.

PRINT NAME:

PHONE NUMBER(S):

BUSINESS:

HOME:

MAIL ADDRESS:

CITY, STATE, ZIP CODE

WAS THERE AN INJURY?

TOTAL AMOUNT OF YOUR CLAIM AGAINST THE CITY IS:

WAS THERE PROPERTY DAMAGE?

Describe, in your own words, where, when, and how the damage or injury occurred. Attach additional page, if necessary. Give names and addresses of any others involved, if known.

LOCATION:

APPROXIMATE TIME:

DATE:

HOW:

Describe details of your claim(s) against the City.

\*Attach copies of any bills, estimates, medical report, etc.

Witness(es)

Address(es)

Treating Physician(s):

Name(s)

Address(es)

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

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Claimant