

90 DAYS ____/____/____

Admin Use
Only

Claim Number _____ (Admin use only)

120 DAYS ____/____/____

City of Topeka Claim Form

Persons making claim against the City of Topeka must make certain that all pertinent information is included on the claim form. **PLEASE ATTACH ANY ESTIMATES, BILLS OR PICTURES** that support your claim. **Do not attach originals please**, as they may not be returned. Please print legibly.

Mr. _____
 Mrs. _____
 Ms. _____

(FIRST NAME OF CLAIMANT)

(LAST NAME OF CLAIMANT)

(ADDRESS)

(CITY)

(STATE)

(ZIP)

(____)

(____)

(____)

EMAIL ADDRESS

(HOME PHONE NUMBER)

(WORK PHONE NUMBER)

(CELL PHONE NUMBER)

DESCRIPTION: Please state exactly what happened that leads you to believe that the City of Topeka is responsible for any alleged damages you may have suffered. **Please be specific and use details:**

(ADDITIONAL COMMENTS MAY BE WRITTEN ON THE BACK OF THIS FORM)

When did these events happen? _____
(DATE) (TIME)

Where did these events happen? _____
(SPECIFIC LOCATIONS PLEASE)

Please list any witnesses to the event:

(NAME OF WITNESS)

(ADDRESS OF WITNESS)

(PHONE NUMBER OF WITNESS)

(NAME OF WITNESS)

(ADDRESS OF WITNESS)

(PHONE NUMBER OF WITNESS)

(NAME OF WITNESS)

(ADDRESS OF WITNESS)

(PHONE NUMBER OF WITNESS)

Have you reported this to a City Department? YES or No If so, when? _____
(CIRCLE ONE) (DATE)

To whom did you make the report? _____
(NAME AND DEPARTMENT OF PERSON)

Do you have any reason to believe that the City knew that there was a problem before you made the report?
YES or NO If so, what is the reason? _____
(CIRCLE ONE)

How much do you think you are owed by the City? _____

(SIGNATURE OF CLAIMANT)

(DATE)

RETURN TO: **Office of the City Clerk**
215 SE 7th Street, Rm. 166
Topeka, KS 66603