

City of Chicago Property Damage Claim Form

Please note: Title 2, Chapter 2-12, Section 2-12-060 of the Chicago Municipal Code requires that all claims be printed legibly and neatly.

* required information

PLEASE PRINT LEGIBLY AND NEATLY

	Today's Date:			
1.	Claimant Name*:	First	Middle Initial	Last Name
2.	Claimant Address*:			
3.	Claimant City, State & Zip Code:			
4.	Claimant Telephone:	Office	Home	Cellular
5.	Claimant's Email Address:			
6.	Claimant's Insurance Company:			
7.	Policy Holder's Name, Policy Number and Policy Period:	Policy Holder's Name: _____ Policy Number: _____ Policy Period: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Effective Date) (Expiration Date) </div>		
8.	Did you file a claim with your insurance company?:	Yes _____	No _____	
9.	Letter of Experience from Insurance for all claims over \$500.00:	Yes _____	No _____	Must be provided for claims over \$500.00
10.	Date and Time of Incident*:	Date ____/____/_____ <div style="display: flex; justify-content: space-around; width: 100%;"> MM DD YYYY </div>		Time ____:____ A.M./P.M.
11.	Incident Location: (provide specific address, i.e. 1234 W. Main St.):			
12.	Witness Name (if applicable):	First	Middle Initial	Last Name
13.	Witness Address:			

(OVER)

14.	Witness City, State & Zip Code:	
15.	Witness Telephone:	Office Home Cellular
16.	Description of Incident (give details of how damage occurred)* Use additional sheet if necessary:	
17.	Police Report Number:	
18.	City Department Report:	
19.	Two Written Itemized Estimates attached on company letterhead or Itemized Paid Bill with proof of payment attached:	Two Written Estimates _____ Itemized Paid Bill _____
20.	Additional information submitted (i.e. photos, etc.):	
21.	I am aware of the substantial penalties, attorneys', and legal fees that may be imposed for filing a false or fraudulent claim, pursuant to Municipal Code, Ch. 1, Sec. 1-22-020:	_____ Signature _____ Date
22.	Certification - This signature certifies that the information on this form is true and accurate to the best of my knowledge. I have submitted this information in a manner that represents the true facts of this claim for the purpose of investigating this claim.	_____ Signature _____ Date

REMEMBER

- Respond to all questions
- Attach supporting evidence and information

Mail this form to:
Office of the City Clerk/City of Chicago
121 North LaSalle Street, Room 107
Chicago, Illinois 60602
ATTN: CLAIMS