INSURANCE CLAIM REPORTING FORM

Claim Number: _____ Disposition: _____

_____

CITY OF STOUGHTON

Submit to: City Clerk

COMPLETE IN TRIPLICATE: RETAIN ONE COPY FOR YOUR FILE; ORIGINAL AND COPY TO THE CLERK.

1. DEPARTMENT REPORTING: _____

2. DATE OF LOSS: _____ TIME: _____

3. KIND OF LOSS: FIRE _____ WIND_____ HAIL_____ VANDALISM_____
   THEFT_____ INJURY_____ OTHER_____

4. LOCATION: _____

5. ESTIMATE OF AMOUNT OF LOSS: _____

REMARKS: (Briefly describe circumstance or events surrounding the loss.)

_____

_____

_____

_____

Signed:_____ Date: _____
Person Reporting

Signed: _____ Date: _____
Department Head