

**CITY OF HAMILTON**  
**CLAIM FORM FOR PERSONAL PROPERTY DAMAGE ONLY**

*Please print clearly...*

Today's Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Date of loss leading to this claim \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

Identify the location of property when the claim occurred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the personal property which is the subject of this claim. Attach additional information, if necessary.

<i>Item Damaged</i>	<i>Age of Damaged Item</i>	<i>Date Item Damaged</i>	<i>Date Acquired as New/Used Property</i>	<i>Purchase Price when Acquired</i>	<i>Repair or Replacement</i>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is the owner of each damaged piece of property described above? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe, to the best of your knowledge, what happened to bring about the damage which is described in this claim. If you do not know exactly what caused the loss but it is the result of a utility malfunction, describe the utility malfunction which you experienced. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the claim reported to the City, other than completing this form? If so, identify the City Personnel who witnessed the event causing the damage or viewed the damage after it was done.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Return Claim Form to:*

*City of Hamilton  
Department of Public Works  
One Renaissance Center  
345 High Street, Suite 520  
Hamilton, OH 45011*

*Telephone: 513-785-7270  
Fax: 513-785-7269*

*Note:*

*Please attach any bills and/or estimates  
pertaining to the damaged property.*