



**CLAIM FORM**  
*(Please Print Clearly)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_ Phone (Alternate): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Location of Incident: \_\_\_\_\_

Details of Incident: \_\_\_\_\_

Total expenses incurred from Incident **(Please attach copies of any estimates/bills/invoices):**

Was Incident reported other than completing this claim form? \_\_\_\_\_

If so, please identify City personnel who witnessed event and/or received report of incident:

\_\_\_\_\_  
Signature

**Return Claim Form to:**  
Amy Bach  
City of Hamilton  
One Renaissance Center  
345 High Street, Suite 410  
Hamilton, Ohio 45011

Phone: 513.785.7002  
Fax: 513.785.7010  
Email: [amy.bach@hamilton-oh.gov](mailto:amy.bach@hamilton-oh.gov)