

INSURANCE INFORMATION—Check One Box

I will be filing a claim on my personal insurance. Name and telephone number of insurance claim representative: _____

I have no insurance that covers my loss.

I will not be filing a claim with my insurance company now or in the future.

I own the following property which was damaged (for motor vehicles, include year, make model and tag number): _____

Total Amount of **Property Damage**: \$ _____

Please furnish estimates/receipts or other documentation of charges/damage.

Did anyone suffer personal injury? YES NO

If yes, describe below, including any treatment or medication received, doctors, hospital:

Total Amount of **Personal Injuries**: \$ _____

Please furnish copies of bills, prescriptions, medical records for documentation.

Total Amount of Claim (Property Damage and Personal Injury): \$ _____

SIGNATURE (TO BE SIGNED IN PRESENCE OF NOTARY)

State of Alabama)
County of Etowah)

I, _____, a Notary Public in and for the State at Large, hereby certify that _____, whose name is signed to the foregoing document, and who is known to me, or whose identify was proved to me, and that being informed of the contents of the claim, he/she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal on _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____, 20_____

Received by Office of City Clerk on _____, 20_____

By: _____