



CITY OF PEARLAND Notice of Claim Form



Completed forms should be submitted via mail,
 fax or email to:
 City Secretary's Office
 3519 Liberty Drive, Suite 262
 Pearland, TX 77581
 Fax : 281.652.1719 Office: 281.652.1840
 Email: citysecretary@pearlandtx.gov

For Office Use: File No.

Today's Date:	
Name: Last, First:	
Street Address:	Phone:
City, State, Zip:	Alt Phone:
E-Mail:	

Location of Accident or Loss:	Estimate your total loss \$ (optional): (Attach receipts/quotes, if any)
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Date & Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM	Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach Report
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Please use the space below to describe your claim/incident. It is important to clearly state your claim in your description. Use the back of the page if more space is needed. (Attach pictures, if any)

Signature _____

Date _____

This claim form will be sent to the City's insurance company, Texas Municipal League (TML). Please allow at least 10 days for an insurance representative to contact you. Should you have any questions regarding your claim prior to being contacted by TML, you may contact our Human Resource Department at **281.652.1763**.

****Acceptance of this claim by the City does not mean that the city has accepted liability; the insurance company (TML) will evaluate, make an investigation, and make a decision based on the investigation.**