Date Received by City

City Claim Number

CITY OF NORTHPORT, ALABAMA

PROOF OF CLAIM FORM

Complete in full **and submit to the Northport City Administrator's Office.**

Legal Name(s) of Claimant(s):_____

_____

(Note: Give all owners of property allegedly damaged)

Mailing Address:_____

Telephone:_____; _____;_____

1. Date Damage Occurred:_____
2. Location Where Damage Occurred:_____

   _____
3. Date you became aware of damage (if different than #1):_____
4. Briefly describe the activities of the City which you feel caused the damage:

5. Briefly list and describe the damages: (***Note: Claims for property damage must include three (3) estimates which itemize the cost of repair and replacement, as the case may be.***)

6. What amount would you be wiling to accept in full to complete settlement of all claims against the City of Northport arising this alleged incident?

$_____

I (we), the owners of the property involved (if applicable), as claimants, do hereby affirm that the above foregoing information true and correct, to the best of our knowledge and belief.

_____

_____

_____

_____

NOTARY STATEMENT

On this day, the above signed individuals appeared before me and having been duly sworn, stated that the matters set forth in this Proof of Claim are true and correct to the best of their information, knowledge and belief.

Sworn to and subscribe before me this the _____ day of _____.

_____
Notary Public

Seal:

Submit form to:
City of Northport
Attn: Claims Department
P.O. Box 569
Northport, AL 35476
(205) 339-7000