

CLAIM REPORT

Deliver to: Park City Attorney's Office, P.O. Box 1480, Park City, Utah 84060
(435) 615-5025/risk.management@parkcity.org



(Note: Filing this claim report does not satisfy the Notice of Claim requirements under the Governmental Immunity Act of Utah.)

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Date and Time of Event: _____

Location of Event: _____

EVENT DESCRIPTION

Did a law enforcement agency investigate? _____ If yes, list agency _____
Park City Department involved? _____ If yes, list Dept.(s) _____

PROPERTY DAMAGE AND PERSONAL INJURY DESCRIPTION

Please list property damages and personal injuries:(Please attach estimates and receipts.)

I filed, or will file a claim for these damages or a portion of these damages with private insurance? ☐
If yes, list agency _____

WITNESS

Witness Name _____ Address _____ Phone _____

Witness Name _____ Address _____ Phone _____

Please attach witness statements.

THE UNDERSIGNED HAS READ THE FOREGOING CLAIM REPORT, FULLY UNDERSTANDS IT AND DECLARES UNDER CRIMINAL PENALTY OF THE STATE OF UTAH THAT THE FOREGOING IS TRUE AND CORRECT.

Executed this _____ day of _____, 20_____.

Signature: _____