



CITY OF WEST DES MOINES CLAIM FOR DAMAGES

Name of Claimant _____

Home Address _____

Email Address (optional) _____

Phone Number _____

When did damage or injury occur? Give full details including time of day. _____

What was the address or other specific location where damage/injury occurred? _____

How did damage/injury occur? _____

Indicate the weather, light or dark, condition of the road, traffic, etc. _____

Name(s) of City employee(s) and/or City department to whom this damage/injury was reported. _____

Describe the damage and/or injuries you are claiming. _____

Total amount of damage claimed (attach estimate and/or expense incurred) _____

Insurance payments, if any, and name of insurance company _____

If the signer of this claim is not the claimant, then explain signers' relationship to the claimant. _____

I declare that the foregoing is true and correct:

Date

*This notice of claim must be filed with
Finance Dept. within 60 days of the date
of the occurrence giving rise to the claim
rise to the claim for damages or relief.*

Signature

Return via email to the City's claims agent at:

cityofwmdm@holmesmurphy.com

or mail to:

Holmes Murphy and Associates, LLC

Attn: Megan Eberth

2727 Grand Prairie Parkway

Waukee, IA 50263