

NOTICE OF CLAIM FORM

Date: _____

**Garrett County Office of Human Resources
Risk Management
203 South Fourth Street, Room 206
Oakland, Maryland 21550**

Please accept this letter as my written notice of claim. The facts are as follows:

1. My full name, address and phone number(s):

Name: _____

Address: _____

Home Phone: _____

Alternative Phone: _____

2. Date & Time of Loss:

Date: ____/____/____ Time: _____

3. Location of Loss: _____

Address: _____

4. **County Department Involved:**_____

Department Contact:_____

5. **Amount of Damages:** \$_____

Vehicle damages must include 2 estimates for repairs

6. **Vehicle (Year, Make, Model & VIN):**_____

Year_____ Make_____ Model_____

VIN_____

Equipment or Property description if other than vehicle:

7. **Name, address and phone numbers of other persons/witnesses involved:**

Name:_____

Address:_____

Home Phone:_____

Alternative Phone:_____

8. **Description of incident: *Attach separate sheet if necessary:***

Sincerely,

Signature of Claimant

This form has been provided solely for your convenience. Completion of this notice does not guarantee that the signor/claimant has fulfilled the statutory requirements nor filed a timely and complete notice. If you have any questions regarding compliance you should seek legal advice.