

NOTICE OF CLAIM

Michigan Municipal Risk Management Authority

CITY OF BAY CITY
CITY MANAGER, ROOM 309
301 WASHINGTON AVENUE
BAY CITY MI 48708
989-894-8146

This *Notice of Claim* form must be completed in full and filed with the governmental agency against which you wish to make a claim for property damage or physical injury. Michigan Law requires you file this written notification after the damage or physical injury was discovered, or in the exercise of reasonable diligence should have been discovered. If you fail to file your *Notice of Claim* timely, your claim may be denied.

NAME: _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS: _____

PHONE #: _____

DATE OF LOSS: _____ TIME OF LOSS: _____

OWNER OF DAMAGED PROPERTY: _____
(If different from above)

DESCRIPTION OF DAMAGE TO BUILDING _____
AND/OR PERSONAL PROPERTY: _____

ADDRESS OF BUILDING/PROPERTY DAMAGE: _____

DESCRIPTION OF ANY PERSONAL INJURIES: _____
(Type of injury: i.e., broken arm, knee, _____
scuffed hand, face, etc.) _____

ADDRESS OF AREA WHERE INJURY TOOK PLACE: _____

RETURN THIS FORM TO: Dana L. Muscott, City Manager
City of Bay City, Room 309
301 Washington Avenue
Bay City MI 48708

Municipal Office Use Only:

Date Received: _____

Action Taken: _____