

CLAIM FOR DAMAGES

Due within 12 months of the date of the accident or occurrence
O.C.G.A. §36-11-1

Lena Bonner, Clerk of Commission
535 Telfair St, Ste 220
Augusta, GA 30901

Andrew G. Mackenzie, General Counsel
535 Telfair St, Bldg 3000
Augusta, GA 30901

Today's Date: _____

Dear Municipal Clerk and General Counsel:

This is to notify Augusta-Richmond County that I have suffered damages in the amount of \$ _____
property and/or \$ _____ bodily injury for which I contend the City is liable.

ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION AND INDEPENDENT INVESTIGATION. PLEASE ATTACH ALL BILLS, RECEIPTS, ETC. SUBSTANTIATING YOUR DAMAGE CLAIM. CLAIMS OF BODILY INURY MUST INCLUDE THE ATTACHED MEDICAL RECORDS AUTHORIZATION FORM. MEDICARE RECIPIENTS ARE ALSO REQUIRED TO REPORT ANY SETTLEMENTS UNDER FEDERAL LAW. THE ATTACHED MEDICARE RELEASE OF INFORMATION FORM MUST BE COMPLETED AND RETURNED WITH YOUR CLAIM FORM. 42 U.S.C. § 1395Y(b). THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND POSSIBLE CRIMINAL PROSECUTION.

1. Date of incident: _____ 2. Time of incident: _____ 3. Police called: Yes / No

4. Accident Report Number: _____

5. Location of incident (including street address): _____

6. Name of your insurance company: _____ Policy No. _____

7. State what happened and how incident occurred (Use reverse side if necessary):

8. The registered owner must make the claim for vehicle damage, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle.

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (Year) (City Driver's Name) (Department/Bureau)

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9. Witness: _____

10. The acknowledgement of this claim in no way waives the Sovereign immunity of Augusta-Richmond County, as granted by State law, nor is it an admission of liability on behalf of it and/or its employee(s).

**I HEREBY SWEAR OR AFFIRM THAT THE
ABOVE INFORMATION IS TRUE AND
CORRECT.**

(Print Claimant's Name)

(Address)

(City, State and Zip Code)

Signature of Claimant

(Work Number) (Home Number)

NOTARY PUBLIC

My commission expires: _____