

CITY OF HIGHLAND PARK CITIZEN CLAIM FORM

(Please Print or Type)

HP CLAIM NUMBER: \_\_\_\_\_

Date Received: \_\_\_\_\_

City of Highland Park  
Office of the City Attorney  
12050 Woodward Avenue  
Highland Park, Michigan 48203  
(313) 252-0050 Ext. 252

To Whom it May Concern:

The following claim is hereby made against the City of Highland Park by \_\_\_\_\_  
\_\_\_\_\_ (name) due to the occurrence on \_\_\_\_\_ (date) at \_\_\_\_\_

(time). CLAIM IS RELATED TO:

TREE

STREET/SIDEWALK/ALLEY

OTHER

1. Location \_\_\_\_\_  
\_\_\_\_\_

(Exact location of property including street address and cross streets.)

2. Explain in detail what happened. Use additional sheets if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you contact the City about this incident?     YES     NO

If yes, please give the date, time, and phone number you called: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. Did someone from the City respond to your call and/or contact you?     YES     NO

If yes, please give that person's name and detail what they did: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5. List in detail the damages/injury you claim and provide a dollar value next to each item. Use additional sheets if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

TOTAL AMOUNT OF CLAIM: \$ \_\_\_\_\_.

NOTE: ENCLOSE ALL COPIES, IF POSSIBLE, OF PAST RECEIPTS FOR ITEMS DAMAGES OR INJURIES CLAIMED. INCLUDE COPIES OF AT LEAST TWO ESTIMATES TO REPAIR OR REPLACE ITEMS THAT WERE DAMAGED. INCLUDE COPIES OF ANY RECENT BILLS RELATED TO THE INCIDENT, SUCH AS CLEAN-UP COSTS, MEDICAL, ETC. INCLUDE ANY PHOTOS.

6. List all known witnesses of the incident. Use additional sheets if necessary:

NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

7. Name of your Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Amount of Deductible: \$ \_\_\_\_\_

Have you filed a claim with your Insurance Company for damages?  YES  NO

If not, give the reason for not turning in your claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, has the Insurance Company paid any portion of the damage?  YES  NO

If yes, indicate the amount your Insurance Company paid: \$ \_\_\_\_\_

If no, what reason did your Insurance Company give for denying your claim? \_\_\_\_\_

\_\_\_\_\_

8. Did you take any photos of the damage?  YES  NO

If yes, please attach any photos.

**SUBMITTED BY: (PLEASE PRINT)**

**Full Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

**Evening Phone Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_