

NOTICE OF CLAIM

You may use this form to submit a claim or submit a letter format containing the claim information. Please submit your claim within 180 days of the injury and or property damage. You may submit the completed claim form by:

Mail: City Secretary
City of Corpus Christi
P.O. Box 9277
Corpus Christi, TX 78469-9277

Hand Deliver: 1201 Leopard St., 1st Floor

Facsimile: **Fax Number: (361) 826-3113**

Online: [Notice of Claim](#)

Please type or print

Full Name: _____

Mailing Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Date / Time of Incident: _____

Insurance Company (if vehicle damage): _____ PH# _____

Home Owner Insurance Co. _____ PH# _____

Address of Incident: _____

(be specific)

Describe in your own words, where, when, and how the damage or injury occurred. Attach additional sheets if necessary. Give names, addresses, and phone numbers of others involved or witnesses of the incident, including involved City department, involved City vehicle unit number, name of City driver/employee, if known. Attach copies of any bills, estimates, photographs, medical reports, signed witness statements, etc.

