CITY OF QUINCY
RISK MANANGEMENT CLAIM FORM
2020 JENNIFER RD
QUINCY, IL 62301-4056
Phone 217-228-7706

DATE: _____

NAME:_____

HOME
ADDRESS:_____

PHONE: _____

Date Incident Occurred: _____

Time Incident Occurred: _____

Detailed description of Incident:

_____

_____

_____

What street were you on? _____

What direction were you traveling: _____

Weather conditions: DRY_____ WET_____ SNOW_____ ICY_____ FOGGY_____

Were you familiar with the area? Yes_____ No_____

CLAIMANT SIGNATURE:

_____

PRINTED NAME:

_____

If property damage, please attach two (2) estimates with this form. If bodily or personal injury, submit any Doctor and or Hospital bills.

By completing this form, the City of Quincy is not accepting any liability until further investigation of the claim. Please return this form within 10 days.