

**NOTICE OF LIABILITY CLAIM**

Any party filing a claim against the City of Muscatine must complete this form and return it to either the City Clerk's Office, City Hall, 215 Sycamore Street, Muscatine, Iowa 52761 or Public Works Department, 1459 Washington Street, Muscatine, Iowa 52761. No action will be taken until this form is completed and received by the City of Muscatine.

Name of Claimant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Accident or Loss \_\_\_\_\_ Time of Day \_\_\_\_\_

Location \_\_\_\_\_

Describe the Accident or Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was anyone injured?     Yes     No

Name and Address of Injured Person \_\_\_\_\_

\_\_\_\_\_

What was the injured doing when hurt? \_\_\_\_\_

\_\_\_\_\_

Nature and Extent of Injuries \_\_\_\_\_

\_\_\_\_\_

Was Medical Attention Required?     Yes     No

Is Disability Expected?     Yes     No    If Yes, Explain \_\_\_\_\_

\_\_\_\_\_

Name and Address of Doctor \_\_\_\_\_

