City of Kentwood Claim Form

Please carefully print the requested information and return it to the address shown below. List any personal property for which you are claiming damage or loss, and enclose any bills or quotations which prove the amount of damage you are claiming. Your claim will be submitted to the City's insurer, who will contact you in this matter. If you need further information, please call the City's claims contact person checked below.

Claims Contact Person:
❑ Philip D. Tietz, Assistant Finance Director—Telephone (616) 554-0829
❑ Thomas H. Chase, CPA, Finance Director—Telephone (616) 554-0766

Please send this form and all attachments to the City of Kentwood: *Mailing Address:* City of Kentwood, Finance Dept. PO Box 8848, Kentwood, MI 49518-8848, or *Delivery Location:* 4900 Breton Ave., SE, Kentwood, Mich. 49508

Date of event: _____/_____/_____

Time: _____ : _____ AM PM *(Circle one)*

Location: _____

Person(s) Injured: _____

Description of property damaged: _____ *(Continue on back of page if needed)*

Your phone number(s): Home: _____ Work: _____ Other: _____

EXPLAIN CIRCUMSTANCES SURROUNDING CLAIM

_____

_____

_____

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_____

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_____

_____ *(Continue on back of page if needed)*

Other Important Information: _____

_____

_____

_____ *(Continue on back of page if needed)*

Amount of Claim Requested: $_____ (Please attach documentation of claim)

Claimant's Signature: _____ Date: _____

Your Name: _____

Additional Information: _____

(*Attach additional pages if needed)*