City of Kentwood Claim Form

Please complete the requested information and mail it to:

Lorna Nenciarini, Assistant Finance Director
City of Kentwood
P.O. Box 8848
Kentwood, MI 49518

You may also drop it off at City Hall, 4900 Breton Ave., or use the 24-hour drive-through Drop Box.
Be sure to list all property for which you are claiming damage or loss, and attach any receipts, bills, or quotes that you have. Please note that State law (MCL 691.1419) allows the City to deny your claim if we receive this form more than 45 days after the date of the event. The City's insurer may contact you directly to discuss your claim. Please call (616) 554-0829 if you have questions or concerns.

Name: _____

Address: _____

City, State, Zip: _____

Date of event: _____/_____/_____

Time: _____ AM PM

Location: _____

_____

Phone number where you may be contacted during the day: _____

Person(s) Injured: _____

Description of property damaged: _____

Please Describe Your Claim

_____

_____

_____

_____

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_____

_____

_____

_____

_____

(Continue on back of page if needed)

Amount of Loss or Damage: $_____

Claimant's Signature: _____ Date:_____

(Version 8.24.2011)

Your Name: _____

Additional Information: _____