

FIRST NOTICE OF CLAIM

Municipality (County, City, Village, Township) _____

Date of Call Received: _____ Time: _____ am/pm

Callers Name: _____

Full Name of Owner of Property: _____

Address: _____

Phone Number: _____

Residents: _____ Work: _____

Description of Event: _____

Date of Discovery: _____ Time: _____ am/pm

Notice of Claim Information sent to Caller: Date Mailed: _____

Caller was advised of 45-day requirement to file a written claim notice.

Date: _____ Time: _____

Call taken by: _____

Position in Governmental Agency: _____