

# 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: \_\_\_\_\_