

CITY OF ELYRIA
CLAIM FOR DAMAGE FORM

131 Court St., Ste. 301
Elyria, Ohio 44035

(440) 326-1404

Date of Incident: _____ **Exact Location of Incident:** _____

Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Cell: _____ Email Address: _____

Brief Narrative of the Incident: _____

Did City of Elyria crews respond to this location? _____

Division and/or Department (If known): _____

Do you own the property? _____ Will your Homeowner's and/or Automobile Insurance cover this claim? _____

If Yes, please supply agent name and number below:

Agent Name: _____ Agent Phone: _____

If No, have you verified this information with your agent? _____ Yes _____ No

Is your claim subject to a deductible? _____ If Yes-Amount: _____

Please itemize your claim:

ITEM	DESCRIPTION OF ITEM	DOLLAR AMOUNT

**** If additional space is needed, please use back of this page ****

Are the receipts attached to this claim? _____ Yes _____ No Total Amt: _____

Do you have photographs or video of this claim? ___ No ___ Yes If Yes, please check ___ Photo ___ Video

RULE 18: Procedure for Processing Claims Against the City:

1. All claims shall be filed in writing with the Safety Service Director not later than: a) Sixty (60) days after the date of the occurrence which is the basis of the claim; or b) Sixty (60) days after denial by an insurance carrier, but not more than one-hundred and eighty (180) days after the date of occurrence which is the basis of the claim.
2. The Safety Service Director shall investigate the claim and shall report the findings, by letter or written memo, to the Law Director for consideration.
3. If the Law Director concludes that a claim should be paid in whole, or in part, he/she shall direct the Auditor to process the payment as directed by the Law Director. The Law Director shall report such action to the Safety Service Director and to the Clerk of Council. The Clerk of Council shall send a copy of such reports to all City Council members.
4. If the Law Director concludes that a claim should not be paid, he/she shall notify the claimant, in writing, of the disallowance of the claim and shall send a copy of the notice to the Safety Service Director and the Clerk of Council. The Clerk of Council shall send a copy to all City Council members.
5. If the claim is disallowed by the Law Director, the claimant shall have thirty (30) days from the date of the notice of disallowance to file a moral claim in writing with the Safety Service Director. The Safety Service Director shall refer the moral claim to the Clerk of Council for review by the appropriate Council Committee and recommendation to the Elyria City Council.
6. Law Director's Office will investigate claim and get back with claimant within 4-6 weeks. All questions should be directed to that office at 326-1464. Thank you.

Signature of Claimant: _____ **Date:** _____

Please allow 4-6 weeks for processing of this claim.