



## CLAIM AGAINST THE CITY OF SURPRISE

The person authorized to accept service of a Notice of Claim against the City is the **Office of the City Clerk, 16000 N Civic Center Plaza, Surprise AZ 85374.**

All claims must comply with Arizona law, including A.R.S. §12-821.01. If you are unsure about your legal rights and obligations, you should consult a lawyer.

CLAIMANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF DAY: \_\_\_\_\_

ADDRESS/LOCATION OF INCIDENT: \_\_\_\_\_

DESCRIPTION OF THE INCIDENT:

Please be specific and give as many details as possible.  
(Use another piece of paper if necessary.)

EXPLAIN WHY YOU BELIEVE THE CITY WAS AT FAULT: \_\_\_\_\_

LIST ALL WITNESSES TO THE INCIDENT, INCLUDING ADDRESS / PHONE / E-MAIL:

---

---

WERE YOU INJURED? ☐ No ☐ Yes

List ALL injuries you sustained in the incident: \_\_\_\_\_

---

WHAT IS THE SPECIFIC AMOUNT FOR WHICH YOUR CLAIM CAN BE SETTLED?

\$ \_\_\_\_\_

DESCRIBE WHAT THIS AMOUNT IS BASED UPON:

---

---

PLEASE ATTACH COPIES OF ALL SUPPORTING DOCUMENTS SUCH AS WRITTEN ESTIMATES, BILLS, RECEIPTS, PHOTOS, AND STATEMENTS FROM SUPPORTING WITNESSES.

---

---

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.**

I have reviewed this claim form, and I certify the information presented is true and correct to the best of my knowledge.

 Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Claimant or Claimant's Authorized Representative

This form was made available for your convenience. The City does not waive any rights or defenses for your failure to comply with all claim requirements under Arizona law.

After you have filed your claim, if you have any questions regarding the processing of your claim, contact Risk Management at [Risk.Management@Surpriseaz.gov](mailto:Risk.Management@Surpriseaz.gov) or (623) 222-3560. Claim information you file with the City of Surprise is considered public record.