

# CITY OF CHICAGO CLAIM FORM

(Property Damage)

**1. Claimant's Name:**

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(Last, First, Middle)

**2. Street Address:**

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**3. City/State/Zip Code:**

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**4. Telephone Number:**

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(Day and Evening)

**5. Full Name of Claimants  
Insurance Company:**

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**6. Name of Policy Holder:**

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**7. Policy Number:**

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**8. Policy Period:**

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(From Date/To Date)

**9. Date & Time of Incident:**

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**10. Describe in Detail  
Nature of Claim:**

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**11. Name of Witness  
to Incident:**

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(Last, First, Middle)

**12. Street Address:**

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**13. City/State/Zip Code:** \_\_\_\_\_

**14. Telephone Number:** \_\_\_\_\_

(Day and Evening)

**15. Police Report Number:** \_\_\_\_\_

**15a. City Department  
Report Number:** \_\_\_\_\_

**16. Two Written  
Estimates Attached:** Yes \_\_\_\_\_ No \_\_\_\_\_

(Cost to Repair Damages)

**17. Paid Bill  
Attached:** Yes \_\_\_\_\_ No \_\_\_\_\_

**18. Signature of Claimant:** \_\_\_\_\_

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

Mail the completed form, along with any required supporting evidence to:

**Office of the City Clerk  
Attn: Claims  
121 N. LaSalle St.  
Room 107  
Chicago, IL 60602-1295**