

**INSURANCE CLAIM FORM
CITY OF NORWALK, OHIO**

Today's Date: _____ Date/Time Incident Occurred _____

Full Name _____

Address _____

Phone No. (work) _____ (home) _____ (other) _____

Best time to be reached (work) _____ (home) _____ (other) _____

Are you the injured party? yes no If applicable, are you the owner of the vehicle? yes no

If no, provide name, address, and phone number of injured party and/or owner of vehicle

Description of what happened or attached a written description

Was the Police Department or other City Office notified? yes no

If yes, who? _____

The following information must be completed to process the claim

Do you carry insurance on your loss for: Auto Property Other

Name, address, and phone number of insurance agency: _____

Were there any witnesses to the loss? yes no

If yes, provide the name, address, and phone number of the witness: _____

PLEASE ATTACH ANY DOCUMENTATION RELEVANT TO YOUR CLAIM AND RETURN TO:

Norwalk City Hall
38 Whittlesey Avenue
PO Box 30
Norwalk, OH 44857

I, _____, attest this is a true statement of the facts for my claim.

Date

Signature