

Notice of Claim to Bountiful City
c/o Bountiful City Recorder
795 South Main Street, Bountiful, Utah 84010
Or email to: info@bountiful.gov

If you would for any reason like to submit a claim to the City of Bountiful, you may use this form. Please fill out all requested information that is relevant to your particular claim. You should understand that the providing of this form to you, or your submission of a claim, does not mean that your claim will be paid. The facts and the law will be analyzed when the claim is received, and a decision will then be made on whether to pay all, part or none of the claim.

Name _____ Phone Number _____

Address _____ Email address _____

City _____ State _____ Zip Code _____

Date of the Incident _____ Time it Occurred _____

Location of the Incident _____

Was property damaged? Yes No Was a person injured? Yes No

Witnesses:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Describe the Incident _____

(Use the back of this page for additional space, if necessary)

Name of the person who was injured _____

Describe the injury: _____

Amount of medical bills (attach copies) \$ _____

Name of the person who owns the property that was damaged _____

If the property damaged was a motor vehicle, please state the following:

Year _____ Make _____ Model _____

If the property damaged was not a motor vehicle, please describe the property:

Amount of property damage (attach two estimates for
vehicle damage; repair bills/estimates for others) \$ _____

\$ _____

Name of City employees who were involved in the incident, witnessed the incident, or who have
knowledge concerning the incident _____

State the reason you believe the City is liable for this claim: _____

I certify that the information given by me is true:

Signature of Claimant _____ Date _____