

**Notice of Claim to Bountiful City  
c/o Bountiful City Recorder  
795 South Main Street, Bountiful, Utah 84010  
Or email to: [info@bountiful.gov](mailto: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 \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

Email address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 \_\_\_\_\_