



**CITY OF GONZALES
NOTICE OF CLAIM FORM**

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE NOTICE OF CLAIM FORM.

(1) The Notice of Claim form must be completed in its entirety and returned to the City of Gonzales, Texas.

The Notice of Claim Form must be filed within 30 days of the Injury or Property Damage with:

City Secretary, City of Gonzales

820 St. Joseph St

PO Box 547, Gonzales, Texas 78629

Phone: 830.672.2815 Fax: 830.672.2813 Email: citysecretary@gonzales.texas.gov

The receipt of Notice of Claim Form against the City is not an admission by the City of liability for the alleged damage or injury, nor is it a promise to pay for the injury or property damage. Once the claim form is received, it will be forwarded to the City's Claims Adjuster, Texas Municipal League, for review. A representative of Texas Municipal League will contact you at the address and phone number listed on the Notice of Claim form. Every effort will be made to handle your claim as quickly as possible.

(2) The receipt of proper documentation to substantiate your claim will allow the fastest handling of your claim. Types of documentation that may be requested include:

- (a) Medical reports/medical statements;
- (b) Fully itemized estimate of damages, and/or repairs;
- (c) A complete description of damaged property including brand name, model/make, year serial number, date of purchase, purchase cost, etc.;
- (d) Photographs (if available);
- (e) Witness statements; and
- (f) Police reports (if applicable).

The provision of any of the information listed above does not guarantee the payment of your claim. The City's insurance carrier reviews all claims in relation to Title 5. Governmental Liability Chapter 101. Tort Claims and other applicable law and determine claim liability. City staff does not determine claim liability.

(3) Your claim is not considered submitted, nor proper notice received, unless the Notice of Claim Form is properly completed and signed. Speaking to any City employee or a letter without all of the requested information does not service as proper notice.

(4) If you need additional information regarding the claim filing process, please contact the City Secretary's office at 830.672.2815.

All claims are process in accordance with Section 11.06 of the City of Gonzales City Charter:

Section 11.06 Special Provisions Covering Damage Suits

Before the city shall be liable to damage claim or suit for personal injury, or damage to property, the person who is injured or whose property is damaged or someone in his/her behalf shall give the city manager or the person performing duties of city secretary, notice in writing after the occurrence of the alleged injury, or damage, stating specifically such notice when, where and how the injury or damage was sustained, and setting forth the extent of the injury or damage as accurately as possible. No action at law for damages shall be brought against the city for personal injury or damage to property prior to the expiration of thirty days after the notice hereinbefore described has been filed with the city manager or the person performing the duties of city secretary, not later than two years after the occurrence of the injury or damage to property. In case of injuries resulting in death, before the city shall be liable in damages therefor, the person or persons claiming such damages shall after the death of the injured person give notice as above required in case of personal injury. Provided, however, that nothing herein contained shall be construed to mean that the City of Gonzales waives any rights, privileges, defenses or immunities in tort actions which are provided under the common law, the constitution and general laws of the State of Texas.

Full Name: _____

Mailing Address: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Number: _____ **Work Number:** _____

Cell Phone Number: _____ **Other:** _____

Date/Time of Incident: _____

Auto Insurance Co.: _____ **Phone:** _____

Home Owner Insurance Co.: _____ **Phone:** _____

Location of Incident (be specific): _____

The Total amount of your claim against the City is \$ _____

