



NOTICE OF CLAIM

THE CITY OF PORT ARANSAS' HOME RULE CHARTER (ARTICLE XII) AND CODE OF ORDINANCES REQUIRES A WRITTEN AND SWORN NOTICE OF CLAIM TO BE DELIVERED TO THE CITY BY THE PERSON CLAIMING THE DAMAGE OR INJURIES OR BY SOMEONE AUTHORIZED TO DO SO ON HIS/HER BEHALF. FAILURE TO SWEAR TO THE NOTICE AS REQUIRED SHALL NOT RENDER THE NOTICE FATALLY DEFECTIVE, BUT FAILURE TO VERIFY THE NOTICE MAY BE CONSIDERED BY THE CITY AS A FACTOR RELATING TO THE TRUTH OF THE ALLEGATIONS AND TO THE WEIGHT TO BE GIVEN TO THE ALLEGATIONS. THIS NOTICE MUST BE COMPLETED AND FILED WITH:

City of Port Aransas
Attn: Francisca Nixon, City Secretary
710 W. Avenue A
Port Aransas, TX 78373-4128

CLAIMANT INFORMATION

(Please Print - & Please Answer Every Question)

Claimant Name: _____

Address: _____

City/State/Zip Code: _____

Telephone # *(please identify - home/business/cell):* () _____

Email Address: _____ Social Security #: _____

Date of Birth: _____

STATEMENT OF ACCIDENT

Date of Accident: _____ Time: _____ *am/pm*

Location of Accident: _____

DESCRIPTION OF PROPERTY DAMAGE

(Specify the property damaged and attach repair bills or at least two estimates)

Make of Car: _____ Year: _____ Model: _____ License #: _____

Registered Owner: _____ Phone #: _____

Owner's Address/City/State/Zip: _____

* * * * *

Name of Driver: _____ Phone #: _____

Owner's Address/City/State/Zip: _____

Insurance Company Name: _____ Phone #: _____

Estimated cost of repairs to auto: \$ _____

Where is vehicle currently located? _____

* * * * *

Describe property damaged if other than auto: _____

Estimated Cost of Repairs or Replacement of Damaged Property (other than auto): \$ _____

DESCRIPTION OF PERSONAL INJURY
(Attach copies of all medical reports, medical bills, lost wage statements and any other documents to support your claim)

Name of Insured Party: _____

Address: _____ City/State/Zip Code: _____

Telephone # (please identify - home/business/cell): () _____

Social Security #: _____ Date of Birth: _____

How did the personal injury occur? _____

Describe injuries, treatment, name(s) & phone number(s) of physician(s): _____

LIST OCCUPANTS OF VEHICLE INVOLVED IN CLAIM

Name: _____ Phone #: _____

Address/City/State/Zip: _____

* * * * *

Name: _____ Phone #: _____

Address/City/State/Zip: _____

* * * * *

Name: _____ Phone #: _____

Address/City/State/Zip: _____

WITNESSES

(Provide names, addresses and telephone numbers of any witness, and/or City Employee involved)

Name: _____ Phone #: _____

Address/City/State/Zip: _____

* * * * *

Name: _____ Phone #: _____

Address/City/State/Zip: _____

* * * * *

Name: _____ Phone #: _____

Address/City/State/Zip: _____

ADDITIONAL INFORMATION

Why do you believe the City of Port Aransas is responsible for the injury or damages?

* * * * *

Signature of Person Submitting Claim: _____

Printed Name of Person Submitting: _____

Date: _____

AFFIDAVIT

State of _____ §

County of _____ §

I, _____, do hereby authorize _____ to act on my behalf regarding this Claim against the City of Port Aransas for alleged damages which occurred on _____.

Affiant: _____ Date: _____

Affiant's Printed Name: _____

State of _____ §

County of _____ §

I, _____, residing at _____ do hereby swear under penalty that: (1) I am over 18 years of age and competent enough to testify of my own knowledge of the facts stated herein; and (2) all the facts stated by me herein are true, correct and complete to the best of my knowledge and understanding.

Affiant: _____ Date: _____

Affiant's Printed Name: _____

State of _____ §

County of _____ §

Before me, _____, on this day personally appeared, _____, known to me (or proved to me) to be the person(s) who name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 2021.

(seal)

(Notary Public's Signature)