



NOTICE OF CLAIM

The Finance Department will forward the claim to its insurance company.

Return completed forms to:

City of New Brighton Finance Department
803 Old Hwy 8 NW
New Brighton MN 55112 or fax to (651)638-2044

Questions regarding claim processing: 651-638-2104

Claimant name: _____

Claimant address: _____

Claimant phone #: (day) _____ (night) _____

Date of incident: _____

Incident location: _____

Description of claim: _____

Signature of Claimant: _____ Date: _____

CITY OFFICE USE ONLY

City Contact: _____

Date faxed: _____