

RISK MANAGEMENT FORM



Please send form to:

City of Zephyrhills
Attn: HR/Risk Department
5335 8th Street, Zephyrhills, FL 33542
Phone 813-780-0000 ext. 3520
Fax: 813-780-0066

Complete the following information to the best of your knowledge as this will help expedite consideration of your claim.

SUBMISSION OF A CLAIM DOES NOT GUARANTEE PAYMENT BY THE CITY

Name: _____

Home Phone: _____

Work/Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Incident: _____ Time of Incident: A.M. P.M.

Weather/Conditions: _____

Location of Incident: _____

Description of Damage: _____

Your Vehicle Information (if applicable):

Color: _____ Year: _____ Make: _____ Model: _____

Tag No: _____

Injury Information (if applicable):

Name of Person Injured: _____ Phone No(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Police Report: Pasco County: City of Zephyrhills: Florida Highway Patrol:

City of Dade City: Other:

Officer Name: _____

Witness Name: _____ Phone No: _____ Address: _____

Witness Name: _____ Phone No: _____ Address: _____

Detailed Account of Incident/Other Additional Information: _____

Is there insurance covering this loss/damage? Yes No

If yes, Name of Insure: _____

Policy Number: _____ Telephone Number: _____

Estimated Value of Loss/Damage: \$ _____

Provide supporting documentation i.e. pictures, estimates, replacement invoices, etc.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer in a statement of claim or an insurance application containing any false, incomplete or misleading information is guilty of a felony of the third degree (Florida Statute 626.8797).

My signature below hereby certifies the above statement of Loss or Damage certified true and correct.

Printed Name of Claimant/Resident: _____

Signature of Claimant/Resident: _____

FOR ADMINISTRATIVE USE ONLY

Date/Time Received: _____ Date/Time Processed: _____

Received/Processes By: _____