



[CITY OF]

OTTUMWA

PROPERTY DAMAGE CLAIM REPORT

Date: _____

Claim Contact Member: Kristen Mitchell

Member Name: City of Ottumwa

Telephone No. 641-683-0617

Address: 105 E Third Street Ottumwa Iowa 52501
Street City State Zip

Certificate No.: 0014

Date of Loss: _____

Loss Location: _____

Description of Loss and Damage:

Estimated Amount of Loss: _____

List a detailed description of each damaged item:

(Please use additional pages if needed)

Were the Police or Fire Dept. called? _____

If so, attach copy of report(s).

Was any third party responsible for this loss? _____

If so, explain who and why:

Name of Contact Person: _____

Telephone No.: _____

Date: _____

E-Mail Address: _____

This form has been completed by:

Name (Please Print): _____

Address: _____

Telephone No.: _____

*****Submit two written estimates and/or bills paid to date*****

Location Code: Administration Police Fire Parks/Recreation Water/Sewer Streets/Highways

Mail to: City Hall, ATTN: Risk Mgr
105 E. Third St., Ottumwa, Iowa 52501
Email to Mitchellk@ottumwa.us

Fax No.: 641.683.0613
Phone No.: 641.683.0617

Report Completed By: _____

Telephone No.: _____

Print

Signature: _____