

Tort Claim Notice

1. Name of Claimant _____

2. Address of Claimant _____

3. Phone Number of Claimant (____) _____

4. Date and time of Loss _____ / _____ / _____ : _____ AM/PM

5. Location of Loss _____

6. Description of Circumstances Bring About Loss _____

(attach narrative if more space is needed)

7. Extent of Loss Being Claimed _____

8. Names of All Persons Involved Including Witnesses _____

9. Amount of Damage Being Claims _____

10. Residence of Person Making Claim Currently at Time of Loss _____

11. Residence of Person Making Currently _____

Signature _____ Date _____ / _____ / _____

Tort Notice must be filed with the governing body of the political subdivision within 180 days after the loss occurs as well as with the Indiana Political subdivision risk management commission. This notice must be delivered in person or by certified mail.