



SOUTH SALT LAKE CITY ON THE MOVE

OFFICE OF THE CITY ATTORNEY

801.483.6068

CLAIM FORM

Name of claimant _____

Name of claimant's attorney (if applicable)

Address _____

Phone _____

Email _____

Date of Event: _____ Time: ____: ____ a.m./p.m.

Location of Event:

City Employees Involved (if applicable):

If personal injuries occurred, identify the person and describe the injury:
(Attach medical estimates/ receipts)

Describe the property damage or harm caused:
(Attach estimates/ receipts) Must have at least two estimates

To vehicle(s):

To Equipment:

Other (including pets):

Provide the following for any non City employees who were involved (including witnesses):

Name _____

Address

Phone

CHERIE WOOD

MAYOR

220 E MORRIS AVE
SUITE 200
SOUTH SALT LAKE CITY
UTAH
84115
O 801.483.6000
F 801.483.6001

Describe the event in greater detail. Please explain why you feel the City is at fault for the damages described above. Explain any action you took to avoid or mitigate the effects of the event (attach additional pages if necessary).

STATE OF UTAH
COUNTY OF SALT LAKE

_____, being duly sworn on oath deposes and says that he/ she has read the foregoing and that the same is true to his/ her best knowledge. I understand that my filing of a materially false statement may constitute fraud and subject me to criminal prosecution.

Date:

Claimant's Signature

Subscribed and sworn before me, this _____ day of _____

Notary Public
Residing in _____ County

Internal Office Use Only

Date Received _____

Received by _____

Claim No 2026-