



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

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SUITE 200
SOUTH SALT LAKE CITY
UTAH
84115
O 801.483.6000
F 801.483.6001

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_____ 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.

Subscribed and sworn before me, this _____ day of _____

Claim No 2026-