

CITY OF FAYETTEVILLE CLAIM FORM

INSTRUCTIONS: Complete this form and clearly state the reason for the claim, amount you are claiming, and attach appropriate documentation including receipts or three estimates. Additional sheets may be used. Please mail to or drop by the:

City Administration Bldg., Mayor's Office,
113 W. Mountain, Fayetteville, AR 72701 (479-575-8330)
Fax-479-575-8257

CLAIMANT INFORMATION:

NAME:

First, Middle, Last _____

STREET ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE NO: _____ **SOCIAL SECURITY NO:** _____

INCIDENT INFORMATION:

Address of Occurrence: _____

Date of Occurrence: _____

Nature of Occurrence: Sewer Water Pothole Other _____

Amount Being Claimed: _____

The undersigned hereby files a claim(s) against the City of Fayetteville, Arkansas for the following reason(s):

Signature

Date

Received by

Date Received

Referred To

Date

DEPARTMENT DIRECTOR

DATE

ACCEPTED

DENIED