

**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**