



City of Hot Springs Claim Form

Instructions: Complete this form clearly stating the reason for the claim, amount you are claiming, all contact information, and attach appropriate documentation including receipts, estimates, photos, etc. Substantive documentation (written estimates and/or receipts, proof of incident, etc.) **MUST** be provided to establish all monetary values. Additional sheets may be added. Failure to provide all information and fully substantiate your claim will result in the claim being rejected. **Filing a claim does not imply approval;** claims will be investigated before a decision is rendered. Claims containing inaccurate or fraudulent information will be rejected. Please return all documents to:

**City of Hot Springs
Attention: Claims- Dorethea Yates
517 Airport Road Suite C
Hot Springs, AR 71902**

CLAIMANT INFORMATION

(Please print clearly)

Full Name: _____ **Email Address:** _____
(Last Name, First name, Middle Initial)

Street Address: _____

City, State, & Zip: _____

Daytime Phone Number: _____ **Alternate Phone Number:** _____

INCIDENT INFORMATION

Address/Location of Occurrence: _____

Date and Time of Occurrence: _____ **Amount Being Claimed: \$** _____

Nature of Occurrence: Sewer Backup Water Street Related Other _____

Do you have insurance which covers your damage in this incident? _____ **Deductible Amount \$** _____

The City will not pay a claim in an amount exceeding a Claimant's insurance deductible, if covered.

The undersigned hereby files a claim against the City of Hot Springs, Arkansas for the following reason (s):
(Attach additional sheets if necessary)

By signing below, I acknowledge that the above-provided information is true and correct to the best of my knowledge and belief.

Claimant's Signature

Date

Shaded area for City Staff only

DEPARTMENT RECOMMENDATION

Approved Denied Modified

Comments: _____

Department Head Signature **Date**

CITY MANAGER AUTHORIZATION

Approved Denied Modified

Comments: _____

City Manager Signature **Date**

Payment Request

Account # _____ **Vendor #** _____ **Amount** _____ **Signature** _____