

# NOTICE OF CLAIM TO THE CITY OF CANTON

**File this claim within 6 months of the date of injury or property damage with:**

CANTON MAYOR & CITY COUNCIL  
C/O RISK MANAGEMENT  
110 ACADEMY STREET  
CANTON, GA 30114

Date Stamp Here
City Claim No. _____
TPA Claim No. _____
Department(s) _____

**To the Claimant: PLEASE READ BEFORE CONTINUING!**

THE POLICY OF THE CITY OF CANTON REQUIRES WRITTEN NOTICE WITHIN SIX (6) MONTHS OF THE INCIDENT BEFORE ANY CLAIM FOR INJURY OR DAMAGE MAY BE CONSIDERED. THE POLICY PROVISION READS AS FOLLOWS:

(a) Before the City of Canton shall be liable for damages for personal injuries of any kind or for injuries to or destruction or damage to property of any kind, the person injured or the owner of the property so injured, damaged, or destroyed or someone on their behalf, shall give the Mayor and the City Council notice in writing of such injury damage or destruction, not later than six (6) months after the same has been sustained, stating in such written notice when, where and how the injury damage or destruction occurred, the apparent extent thereof, the amount for which the claimant will settle, the street residence number of the claimant for the six months immediately preceding the occurrence of such injuries, damage or destruction, and the names and addresses of the witnesses upon whom they rely to establish their claim; and a failure to notify the Mayor and City Council within the time and manner provided herein shall exonerate, excuse and exempt the City from any liability whatsoever.

(b) Neither the Mayor, any City Councilperson, the City Manager, the City Attorney nor any other officer or employee of the City of Canton or any employee of any firm, corporation or association employed by the City of Canton shall have authority to waive any provision of this section; however, the City Council by five (5) or more affirmative votes may waive the six (6) months notice provision requirement.

**PLEASE PRINT AND COMPLETE BOTH SIDES OF THIS FORM.**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City State Zip Code

TELEPHONE CONTACT NUMBERS

Work No. \_\_\_\_\_ Home No. \_\_\_\_\_

Cell No. \_\_\_\_\_

Was this your address for the six months prior to the incident?  
Yes No

If No, please state prior address: \_\_\_\_\_

\_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ TIME OF INCIDENT \_\_\_\_\_

LOCATION OF INCIDENT \_\_\_\_\_

Has the incident been reported to a City department or employees? Yes No If yes, name of department / employee: \_\_\_\_\_

Describe the nature of the incident and how it occurred. Attach additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the least amount of money for which you would settle this matter? \_\_\_\_\_

Describe the nature of the injury or damage sustained and/or the property damaged. Attach readable copies of all medical reports, medical bills, repair bills and/or estimates of damage.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the name, addresses and telephone numbers of any witnesses who will establish this claim.

Witness Name	Address	Telephone Number

Have you made previous claims against the City of Canton?    Yes        No        If yes, please give the type of claim and when it was made.

\_\_\_\_\_

ALL THE STATEMENTS MADE IN THIS CLAIM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\*\*\*\*\*  
**For Your Information**

When your claim is received it will be date stamped by the City Receptionist. Once received, it will be forwarded to Risk Management and the City's third-party insurance claim representatives which will handle your claim. The appropriate department(s) will also be contacted for investigation. The City's insurance claim representative should be in contact with you within 24 hours of their receipt of your claim. Should you have questions concerning your claim, please contact:

CITY OF CANTON  
Risk Management  
110 Academy St, Canton, GA 30114 \* TEL 770-704-1500 \* FAX 770-704-1538 \*  
E-mail: tellus@cantonga.gov