

## PROCEDURE FOR FILING A CLAIM

Under Utah law, an injured party, or the owner of damaged property, or their legal representative must properly file a Notice of Claim against a governmental entity in order for a loss to be considered. A claim must include a brief statement of the facts, the nature of the claim asserted and the damages as far as they are known. The written claim must be signed, dated and submitted to the correct address or email addresses for the entity against which the claim is being made (See Utah Code 63G-7-401). While use of this form is not required, it is provided as a tool to assist the public in meeting the above requirements.

Please complete all of the pertinent parts of the attached claim form, add your signature and signature date, then submit the claim as instructed below. You may attach additional documentation to your Notice of Claim such as photos, estimates, witness statements and the like. However, these items can also be submitted later in the claim process.

Email your claim to:

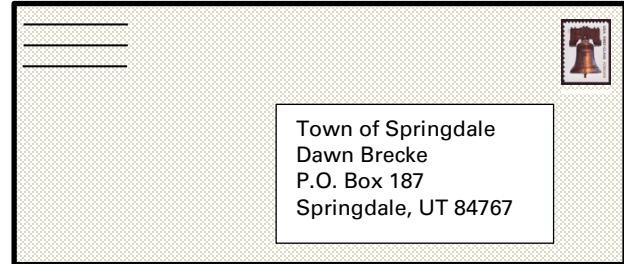
**dbrecke@springdale.utah.gov**

And (You must send your claim to both addresses)

**ghardman@snowjensen.com**

Or

Mail your claim to:



### Additional Instructions

1. Once your claim is received, an adjuster will be assigned and they will contact you. Processing may take some time. It is your responsibility to mitigate your damages. For questions, please call (800) 842-6172.
2. **Medicare Eligibility:** Federal law requires all entities that are responsible to pay for medical treatment or who settle bodily injury claims for eligible individuals, to report the obligation and settlements to Medicare. Reporting is required for the following individuals:
  - Current Medicare beneficiaries,
  - Individuals who may be Medicare eligible within the next 30 months because they are: 62 ½ years old, have applied for SSDI, or have End Stage Renal Disease.

If you fit into one of these categories and are filing a claim for injuries, you will be required to furnish additional information in order to process your claim.

**This procedure and use of this form for filing a claim is not to be construed as a waiver of any provision of the Utah Governmental Immunity Act. Submission of this Notice of Claim form does not guarantee compliance with the Act. (UTAH CODE ANN. § 63G-7-101, et seq.)**



118 Lion Blvd.  
P.O. Box 187  
Springdale, UT 84767

## NOTICE OF CLAIM FORM

(Use additional sheets if needed.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Type of Loss: (Injury, Property Damage etc.) \_\_\_\_\_

Location: \_\_\_\_\_

Your Vehicle (if applicable): \_\_\_\_\_ (Year) \_\_\_\_\_ (Make) \_\_\_\_\_ (Model)

Law Enforcement Case Number (if applicable): \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_

Employee Involved (if known): \_\_\_\_\_

Gov. Vehicle (if applicable): \_\_\_\_\_ (Year) \_\_\_\_\_ (Make) \_\_\_\_\_ (Model) \_\_\_\_\_ (License No.)

### Your Insurance Information:

Insurance Company Name: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Have you Filed a Claim with Your Insurance (Yes or No) \_\_\_\_\_

Insurance Claim Number: \_\_\_\_\_



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### Description of Incident:

### Damages Incurred:

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### **Injuries Incurred:**

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(Claimant's Signature)

(Date Signed)

**IMPORTANT!! Unsigned CLAIM FORMS are**

## Utah Local Governments Trust