



Municipality of Anchorage

Risk Management

RE: Your notice to the Municipality of Anchorage of damages or possible damages. Receipt of this form does not imply acceptance of liability. It is the means in which to enter a claim against the Municipality of Anchorage.

### **INSTRUCTIONS FOR NOTICE OF CLAIM FORM**

Please fill out the form completely with all necessary information so that our adjuster can expedite your claim. **The form needs to be signed and dated at the bottom. Unsigned forms will be returned.** Attach copies of estimates, bills for repairs, photographs, or other information as needed.

This completed Notice of Claim form and additional information can be emailed to [riskmanagementliabilityclaims@anchorageak.gov](mailto:riskmanagementliabilityclaims@anchorageak.gov). If you prefer, you may mail it to:

Municipality of Anchorage  
Risk Management Department  
P.O. Box 196650  
Anchorage, AK 99519

The adjuster will contact you directly. A final decision on your claim will depend on the complexity and nature of the accident/incident.

If you have any questions, please contact the Risk Management Department at 907-343-2525.

Thank you,  
Municipality of Anchorage

Amber J. Cummings  
Deputy Risk Manager



MUNICIPALITY OF ANCHORAGE

NOTICE OF CLAIM

Against:  Municipality of Anchorage

Receipt of this form does not imply acceptance of liability. It is the means in which to enter a claim against the Municipality of Anchorage.

NOTE: This form should be filled out in as much detail as possible to assist the Municipality in evaluating your claim and upon completion it should be filed with Risk Management at P.O. Box 196650, Anchorage AK, 99519 within two years after the date of the occurrence of injury or damage.

I, the undersigned, do hereby submit, under oath to the Municipality of Anchorage, Alaska, this Notice of Claim for damages to my person or property. I do hereby intend to hold the Municipality liable for such damages claimed herein.

I. PERSON OR PERSONS MAKING CLAIM

Name Telephone
Home Address Zip Mailing Address Zip

II. DATE, TIME, PLACE OF INJURY OR DAMAGE

Date (Mo., Day, Year) Time (AM or PM) Place/Location

III. PROPERTY INVOLVED

Description If Vehicle (Year, Make, Model, and License No.)

IV. MUNICIPAL DEPARTMENT INVOLVED (if known)

Department (and/or vehicle number) Municipal Employee

V. INJURED PERSON/PERSONS (Use attachment if additional space is necessary)

1) Name Age 2) Name Age
Address Telephone Address Telephone
Occupation Employed By Occupation Employed By
Person's location when injured Person's location when injured
Person's activity when injured Person's activity when injured
How did injury occur? How did injury occur?

VI. AMOUNT CLAIMED (Please attach an estimate or itemization of the damages claimed) \$

VII. DESCRIPTION (Nature and extent of injury or damages. Please describe in detail.)

[Empty space for description]

VIII. MANNER OF OCCURENCE OF INJURY OR DAMAGES (Please explain in detail what happened and why the Municipality is liable.) Use attachment if additional space is needed.

\* If alleging an injury, you MUST provide the following: Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

VII. WITNESSES (Include automobile passengers, Police, Doctors, and all others having information concerning the claim.) Use attachment if additional space is needed.

Name of Witness 1) Address Telephone
2)

SIGNATURE OF COMPLAINANT REQUIRED Date Prepared

Any person who, knowingly and with intent to deceive, submits a claim containing a false or deceptive statement may be found guilty of fraud.