



**CITY OF GALVESTON  
FIRST NOTICE OF CLAIM FORM**

**CITY CLAIM NUMBER**

\_\_\_\_\_

**DATE RECEIVED BY THE  
CITY SECRETARY'S OFFICE**

\_\_\_\_\_

**TO BE COMPLETED BY CLAIMANT:**

**NAME:** \_\_\_\_\_ **HOME ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL/WORK** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**DATE OF LOSS** \_\_\_\_\_ **TIME OF LOSS** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**POLICE IN ATTENDANCE:** YES NO **POLICE CASE#** \_\_\_\_\_

**WRITE DOWN THE REASON FOR YOUR CLAIM:**

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

**ATTACH ANY ADDITIONAL INFORMATION/ RECEIPTS/ ETC. THAT MAY BE IMPORTANT TO YOUR CLAIM.**

**CLAIMANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE RETURN TO:**

**CITY OF GALVESTON  
OFFICE OF CITY SECRETARY  
823 ROSENBERG  
P.O. BOX 779  
GALVESTON, TEXAS 77553**