



KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

Administrative Services Office
201 West Kalamazoo Avenue, Suite 201
Kalamazoo, MI 49007
Phone (269) 384-8111
Fax (269) 384-8032

Property Damage Claim Form

Name _____

Address _____ City/State _____ Zip Code _____

Email _____ Phone (1) _____ Phone (2) _____

Best Way to Contact You: Phone Email

Date of Incident: _____ Exact Location of Incident: _____

Describe the Incident in Detail (Attach Separate Sheet if Needed): _____

Any Witnesses? (Include Name and Contact Info) _____

Did you contact law enforcement (Police Report Number) or any County Department(s): Yes No

If yes, Contact Person's Name _____

Date of contact _____ Department: _____

Please list the damages:

What costs or bills incurred? _____

AS PART OF THE CLAIMS PROCESS, YOU MUST CONTACT YOUR INSURANCE COMPANY TO VERIFY ANY COVERAGE

Name of your insurance company and agent: _____

Your insurance company contact information: _____

Please state the total amount you are claiming from the County: \$ _____

I hereby swear that the above information is true under penalty of law.

Before you sign, did you include?

PHOTOS

ESTIMATES/RECEIPTS

POLICE REPORT

POLICY/TITLE/REGISTRATION

INSURANCE INFO

Date: _____ Signed: _____

**PLEASE EMAIL COMPLETED FORM TO:
RISKMANAGEMENT@KALCOUNTY.COM**

COUNTY USE ONLY BELOW

Department(s) involved:

Action Taken:

APPROVED

DENIED

Amount \$ _____

If denied, provide a reason

Corporate Counsel's Signature _____

Date _____

Risk Manager's Signature _____

Date _____