NOTICE OF CLAIM FORM

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE NOTICE OF CLAIM FORM.

(1) The Notice of Claim form must be completed in its entirety and returned to the Town of Camp Verde, Arizona.

The Notice of Claim Form must be served within 180 days of the Injury or Property Damage to:

Town Clerk, Town of Camp Verde
473 S. Main Street, Suite 102
Camp Verde, AZ 86322

(2) Persons, bringing claims against the Town of Camp Verde, or one of its employees, must file a claim within 180 days after the cause of action accrues. The Town does not waive any requirement of formal service for the claim, and Arizona law requires that the claim contain sufficient facts for the Town to understand the basis upon which liability is alleged. The claim must also include a specific amount for which the case could be settled, and the specific facts which support that amount.

(3) The Town of Camp Verde recommends consulting with an attorney of your choosing for the purpose of handling any significant claim.

(4) The receipt of the Notice of Claim Form against the Town is not an admission by the Town of liability for the alleged damage or injury, nor is it a promise to pay for the injury or property damage. Once the claim form is received, it will be forwarded to the Town's Claims Adjuster, Southwest Risk, for review. A representative of Southwest Risk will contact you at the address and phone number listed on the Notice of Claim form. Effort will be made to make decisions about your claim as quickly as possible.

(5) THE ARIZONA MUNICIPAL RISK RETENTION POOL AND SOUTHWEST RISK SERVICES ARE NOT AUTHORIZED AGENTS TO RECEIVE ANY NOTICE OF CLAIM UNDER A.R.S. §12-821.01. ALL NOTICES OF CLAIM MUST BE LEGALLY SERVED ON THE TOWN OR CITY AND, ON EACH INDIVIDUAL WHOM YOU CLAIM TO BE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES. THIS FORM WAS CREATED FOR YOUR CONVENIENCE. HOWEVER, THE TOWN OR CITY THAT IS PARTY TO THIS MATTER DOES NOT WAIVE ANY OF ITS RIGHTS OR DEFENSES FOR YOUR FAILURE TO COMPLY WITH ALL NOTICE OF CLAIM REQUIREMENTS ESTABLISHED BY ARIZONA STATUTE AND LAW.

(6) UNDER A.R.S. §12-821.01, YOU ARE REQUIRED TO STATE YOUR DAMAGES WITH A SPECIFIC DOLLAR AMOUNT FOR WHICH YOU WILL SETTLE YOUR CLAIM AND, TO SUPPORT THAT AMOUNT WITH EVIDENCE. YOUR NOTICE OF CLAIM WILL BE DEEMED DEFECTIVE WITHOUT THIS INFORMATION.

(7) The receipt of proper documentation to substantiate your claim will allow the fastest handling of your claim. Types of documentation includes, but is not limited to:

(a) Medical reports/medical statements;
(b) Fully itemized estimate of damages; and or repairs
(c) A complete description of damaged property including brand name, model/make, year serial number, date of purchase, purchase cost, etc.;
(d) Photographs (if available);
(e) Witness statements; and
(f) Police reports (if applicable).

Providing information listed above does not guarantee the payment of your claim. The Town's insurance carrier reviews all claims. Town staff does not determine claim eligibility.

(8) Your claim is not considered submitted, nor proper notice received, unless the Notice of Claim Form is properly completed and signed. Speaking to any Town employee or a letter without all of the requested information does not service as proper notice.

(9) Please fill in ALL INFORMATION requested below or your notice of claim may be deemed defective. All notices must be signed and dated.

NOTICE OF CLAIM AGAINST THE TOWN OF CAMP VERDE

The claim form must be filled out completely.

If you have any questions regarding this form or the claims process, please call the Town of Camp Verde Clerk's Office at 928 554 0000. The Town Clerk may NOT accept service of claims or lawsuits filed against individual employees or their spouses.

Claimant may wish to review applicable laws, such as the following:

1. Arizona Revised Statues § 12-821
2. Arizona Rules of Civil Procedure [Volume 16, Rule 4.1(b)]
3. Camp Verde Town Code

FOR TOWN CLERK USE ONLY		
1.	❑ Notice of Claim ❑ Subpoena ❑ Lawsuit ❑ Duces Tecum Log # _____	**Date/Time Received**
2.	Received By – _____	
3.	Describe: _____ _____ Received on Behalf of: _____ (Department Director or Code Official) Authorization on File? ❑ Yes ❑ No	
4.	Does this claim involve a minor? ❑ Yes ❑ No	
5.	Attachments Included: ❑ Yes ❑ No Number of Pages: _____ (Includes Notice of Claim Form and Information Sheet) Number of Photos: _____ ❑ Video BW ❑ Color Received: ❑ Yes ❑ No Photos Received by: _____ Date: _____	
6.	Method of Receiving Notice of Claim/Lawsuit: ❑ Process Server Name: _____ ❑ Messenger Server ❑ Personal Delivery Signature: _____ ❑ Other _____ ❑ Regular Mail ❑ Certified Mail – Receipt # _____	
7.	Email Distribution of Notice of Claim (Courtesy Copies) ❑ HR Date: _____ Received By: _____ ❑ Town Manager Date: _____ Received By: _____ ❑ TPD Date: _____ Received By: _____ ❑ _____ Date: _____ Received By: _____	

NOTICE OF CLAIM AGAINST THE TOWN OF CAMP VERDE

Pursuant to A.R.S. Sections 12-821 and 12.821.01
(and other applicable laws listed on Page 1 --Filing Instructions)

Name				RECEIVED IN CLERK'S OFFICE
Address			**Apt#**	
City	**State**	**Zip Code**	**Contact #**	
Email Address			**Preferred Method of Contact**	
			Email ☐ Phone Call ☐ Mail ☐	

CLAIM FACTS

Occurrence Date	Time of Day	Event Location (Street Address/Intersection)	Police Report Number
	AM ☐ PM ☐		

Description of what happened (specify the event, act, or direction of travel) Attach additional pages, if necessary.

Property Damage? Describe the property and extent of damage(s) sustained. Attach estimates, appraisals, and repair bills, if available.

Bodily Injury? Describe the nature of the injury and when you first became aware of the injury. Attach copies of bills/receipts, if available.

Reasons why the Town is responsible for your damages and/or injuries:

List contact information of related parties involved. If auto accident involving a Town vehicle, please provide Town employee name and Unit number.

Name	Phone Number

Employee Name		Unit Number	

Photographs Attached?	Yes ☐ No ☐	Bills, Records, Receipts, Estimates and/or Invoices Attached?	Yes ☐ No ☐

DAMAGES CLAIMED

Property Damage:	$
Bodily Injury:	$
Other - Please specify:	$
State the amount for which you are willing to settle this claim	$

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM. (Penal Code A.R.S. § 13-2311 – Insurance Code 44-1220)

I have read the Arizona Revised Statutes § 12-821 & § 821.01 and understand the instructions for filing a claim against the Town of Camp Verde. I, the undersigned, do solemnly swear that all of the above statements are true to the best of my knowledge and belief.

Date _____ Signature _____

Rev 7/1/2024