



CITY OF
TEXARKANA
TEXAS

P.O. Box 1967
Texarkana, TX 75504
Phone (903) 798-3900

Claim Form

Instructions

Please complete the reverse side of this form and submit a completed form to:

City of Texarkana, Texas
Finance & Purchasing Division
220 Texas Blvd.
Texarkana, TX 75504

To expedite claim review, please attach to this form copies of the following as applicable:

Medical reports / health care invoices Witness statements

Police reports

Damage estimates or repair invoices

*Photographs (if available, **please e-mail to kristin.peeples@txkusa.org**)*

If you need additional information or help regarding the claim submission process, please contact the Finance & Purchasing Office at 903-798-3976.

The City's receipt of this Claim Form is neither an admission of City liability nor a promise to pay a claim.

For Office Use Only: Received by _____ on _____, 202__.

Claimant Information

Full Name of Claimant: _____

Mailing Address: _____

Home Address (if different): _____

City: _____ State: _____ Zip Code: _____

Best Available Phone Number: _____ (Circle one) home office cell

A completed claim form will be forwarded to the City's Claims Adjuster, Texas Municipal League, and a representative of Texas Municipal League may contact you at the address and phone number listed above. City staff does not determine claim liability.

Incident Information

Date of Incident: _____

Specific Location of Incident: _____

Describe the incident and details of your claim; where, when, and how the incident occurred; any personal injuries; any property damage (include brand name, make/model/year, serial or vehicle identification number, date of purchase, purchase cost); witness identification (name, address, phone number). Attach additional pages to this form if necessary.

Total amount of your claim against the City of Texarkana, Texas is \$ _____

The statements made in this claim form are true and correct to the best of my knowledge:

Signature of Claimant

Date