

PLEASE READ INSTRUCTIONS:

THE LAW OF THE STATE OF ALABAMA REQUIRES THAT A SWORN AFFIDAVIT OF CLAIM BE FILED WITH THE CITY CLERK OF THE CITY OF IRONDALE (101 SOUTH 20TH STREET, IRONDALE, AL 35210) WITHIN SIX MONTHS OF THE INCIDENT ON WHICH THE CLAIM IS BASED. THIS FORM SHOULD BE COMPLETED IN FULL AND NOTARIZED. BE AS SPECIFIC AS POSSIBLE. USE REVERSE SIDE OF PAGE IN NECESSARY. FOR VEHICLE DAMAGE ATTACH COPIES OF AT LEAST TWO (2) ESTIMATES OF REPAIR COSTS. ATTACH SPECIFIC, ITEMIZED LIST OF PERSONAL PROPERTY DAMAGED INCLUDING PURCHASE PRICE, AGE, ESTIMATED PRESENT VALUE (BEFORE AND AFTER DAMAGE). ATTACH PHOTO IF POSSIBLE (NOT REQUIRED). IF YOU HAVE ANY QUESTIONS PLEASE CALL THE CITY CLERK AT (205) 956-9200.

STATE OF ALABAMA)
COUNTY OF) AFFIDAVIT OF CLAIM

MY NAME: _____ PHONE: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

SOCIAL SECURITY NUMBER: _____ PLACE OF EMPLOYMENT: _____

DATE OF BIRTH: _____ SEX: _____ MARITAL STATUS: _____

DATE OF INCIDENT: _____ TIME: _____ AM _____ PM _____

LOCATION OF INCIDENT (BE SPECIFIC): _____

NAME OF CITY EMPLOYEE INVOLVED: _____

NAME OF CITY DEPARTMENT INCIDENT: _____

I. FULL DETAILS OF INCIDENT: _____

II. FULL DETAILS OF INJURY OR DAMAGE: _____

III. NAMES, ADDRESS AND PHONE NUMBERS OF ALL WITNESSES: _____

WAS THIS INCIDENT REPORTED TO POLICE? _____ REPORT NUMBER _____

IV. LIST ALL DOCTORS AND HOSPITALS INVOLVED IN TREATMENT, IF ANY: _____

V. IF ANY MEDICAL TREATMENT, HAVE YOU EXECUTED MEDICAL INFORMATION RELEASE ON REVERES? _____

VI. STATE THE AMOUNT OF THIS CLAIM: \$ _____

I HEREBY CERTIFY THE ABOVE AND ANY ATTACHMENTS HERETO ARE TRUE, CORRECT AND COMPLETE.

AFFIANT- CLAIMANT (FULL NAME)

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC
My Commission Expires: _____

MEDICAL INFORMATION RELEASE AND AUTHORIZATION

TO: ANY ATTENDING PHYSICIAN OR HOSPITAL:

THIS, OR ANY PHOTOSTAT COPY HEREOF, CONSTITUTES MY FULL PERMISSION, REQUEST, AND AUTHORIZATION FOR YOU TO FURNISH THE CITY OF IRONDALE WITH FULL REPORTS ON THE MEDICAL CONDITION OF _____

INCLUDING HISTORY, FINDINGS, PROGNOSIS, MEDICAL EXPENSES, AND SUCH OTHER INFORMATION AS YOU HAVE NOW OR LATER HAD.

SIGN FULL NAME

DATE

USE SPACE BELOW FOR FURTHER DETAILS FOR I, II, III AND IV.
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