



Rec'd date/time: _____

Rec'd by: _____

City of Bloomington Claim Form

To file a claim against the City of Bloomington, complete this form and send to:

City Clerk, City of Bloomington, 1800 W. Old Shakopee Road, Bloomington MN 55431-3027

Or email to: CityClerk@BloomingtonMN.gov

Instructions:

1. Per MN Statute 466.05, the claim must be filed with the City Clerk office within 180 days of the occurrence.
2. The claim must be based on the fault or liability of the City or its employees. The City may deny any claim where the City is not at fault.
3. Please complete this form in its entirety by typing or printing your answer to each question in the space provided. If additional space is needed, please attach additional sheets.
4. Attach copies of bills, estimates, pictures, or other documents outlining the basis for the claim to this form. Please note: All documentation provided will not be returned.

Investigation:

1. Once received by the City Clerk, a copy of this form will be sent to Risk & Litigation Management for processing.
2. You will generally receive an acknowledgment of your claim within 14 days. You may request additional information at that time.
3. Claims investigators will research your claim and recommend payment or denial.
4. If you don't hear from an investigator within 14 days of your claim submission, or you have questions regarding the progress of your claim, call the City's Risk & Litigation Manager at 952-563-4932.

Claimant's Name: _____

Address: _____

Daytime Phone: _____

City: _____ **State:** ____ **Zip:** _____

Evening Phone: _____

*If you need this translated, please contact 952-563-4932.
Si necesita una traducción del mismo, sírvase llamar al 952-563-4932.
Haddii aad u baahan tahay in laguugu turjumo, fadlan la xiriir 952-563-4932.*



Incident/Accident Information

Date of Incident/Accident: _____ Time: _____ a.m. p.m.

Location of Incident/Accident: _____
Be specific. Give street address, direction traveling, side of street, etc. Include diagram on a separate sheet, if necessary.

Was **your vehicle** involved in the accident/incident? Yes No *If yes, describe your vehicle.*

Year, Make, Model: _____ License Plate No: _____

Extent and area damaged: _____

Was a **City vehicle** involved in the accident/incident? Yes No *If yes, describe the City vehicle.*

Type : _____ Year, Make, Model: _____

Color: _____ License Plate No: _____

Description of Vehicle: _____

Were the police called? Yes No *If yes, provide the Police Report No: _____*

Provide what occurred and the circumstances surrounding the incident/accident. Indicate how the City of Bloomington was involved and why you feel the City is responsible to provide the amount of compensation being requested. Please attach drawings or photos if available.



Was Personal Injury involved? Yes No

Personal Injury: *Include any additional information that you think will be important in the investigation of your claim.*

Compensation being requested (please provide estimates if possible): _____

Provide names and phone numbers of any **City employees** involved in this incident/accident and how they were involved.

Provide names and phone numbers of any **witnesses** to the incident/accident and how they were involved.

By signing this form, you are stating that all the information provided is true and correct to the best of your knowledge. MN Statute 60A.955 states, "A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime." Unsigned forms **will not** be processed.

Signature: _____ Date: _____

Printed Name: _____

Provide electronic signature above OR print and then sign.