CORSICANA
EST. 1848
Preserving Yesterday. Building Tomorrow.

Claim Form

Name: _____
Address: _____
City, State, Zip _____, _____, _____

Date of Loss: _____

For City Use Only:
Claim # _____

Reviewed by:

_____
City Secretary

_____
Department Head

_____
City Manager

Explanation of incident: **Please include time of day and location.**

_____
_____
_____
_____
_____
_____
_____
_____
_____

No. of estimates attached: _____

Contact Number: **( )** _____ **-** _____

Alternate # _____

Witnesses:
Name_____
Phone No. **( )** ____ **-** _____

Name_____
Phone No. **( )** ____ **-** _____

_____
Signature

_____
Date