

CITY OF LEAGUE CITY

Notice of Claim Form



Completed forms should be submitted via mail, fax or email to: Human Resources Department
 300 W. Walker Street
 League City, TX 77573
 Fax : 281.554-1012 Office: 281.554-1008
 Email: risk@leaguecitytx.gov

Today's Date:	
Name: Last, First:	
Street Address:	Phone:
City, State, Zip:	Alt Phone:
E-Mail (optional):	

Date of Incident:	Estimate your total loss \$ (optional): (Attach receipts/quotes, if any)	
Time of Incident:	Police Case # (if applicable):	
Address where incident took place:		
Location of vehicle if involved:	Make/Year/Plate No.	Insurance Agency Name & Policy No.

Please use the space below to describe your claim/incident. It is important to clearly state your claim in your description. Use the back of the page if more space is needed. (Attach pictures, if any)

Signature _____

Date _____

This claim form will be sent to the City's insurance company, Texas Municipal League (TML). Please allow at least 10 days for an insurance representative to contact you. Should you have any questions regarding your claim prior to being contacted by TML, you may contact the Human Resources Department, City of League City, 281-554-1008.

****Acceptance of this claim by the City does not mean that the city has accepted liability; the insurance company (TML) will evaluate, make an investigation, and make a decision based on the investigation.**