BASIC CLAIM INFORMATION

IMPORTANT!!! This information is provided as a service to the citizens of Salt Lake City and is not intended to substitute for legal advice. There are claims that are not subject to the requirements of the Governmental Immunity Act of Utah and which may be subject to other laws or procedures. Not all claims are honored even if correct procedures are followed; there are many circumstances where a claim need not be paid. You are urged to obtain competent legal advice if you have any questions. In addition, Salt Lake City Corporation makes no warranty as to the correctness or completeness of this information. Requirements of the Governmental Immunity Act of Utah change from time to time. You are responsible for compliance with the current requirements of the Governmental Immunity Act of Utah. The provision of this information is not to be construed as a waiver of any provision of the Governmental Immunity Act of Utah.

In general, to make a claim against Salt Lake City Corporation for personal injury or property damage, you are required to comply with the provisions of the Governmental Immunity Act of Utah, Utah Code Ann. § 63G-7, et seq. This can usually be found at your local library or on the Utah State Government website.

Complete the Notice of Claim Form, attached, it must be dated and signed by the individual making the claim or by his or her legal representative. The completed Notice of Claim Form you submit must contain your signature and be dated – emails and/or facsimiles are NOT accepted.

Relevant documentation, including, but not limited to, police report(s), witness statement(s), photo(s), and/or vehicle repair estimate(s), invoices, etc. maybe submitted with the Notice of Claim Form but are not necessary to file your Notice of Claim.

Mail your Notice of Claim Form to: OR Hand-Deliver your Notice of Claim Form to:

Office of the City Recorder Office of the City Recorder
P.O. Box 145515 451 South State Street, Suite 415
Salt Lake City, UT 84114-5515 Salt Lake City, UT 84111

Revised January 2020
Claimant’s Last Name: __________________________________________________________________________

Claimant’s First Name: _________________________________________________________________________

Claimant’s Full Address: ________________________________________________________________________

Claimant’s Telephone and Email: __________________________________________________________________

Claimant’s Social Security Number: __________________________________________________________________

Date of Incident: ___________________________  Time of Incident: ___________________________

Location of Incident: _____________________________________________________________________________

Claimant’s Vehicle Information: ___________________________________________________________________

(Year)   (Make)   (Model)

Police Case Number: ___________________________  Police Department: _____________________________

City Department/Employee Involved: __________________________________________________________________

City Vehicle Involved: ____________________________________________________________________________

(Year)   (Make)   (Model)

Brief Statement of Facts: ________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

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Nature of Claim Asserted: ____________________________________________

____________________________________________________________________

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____________________________________________________________________

____________________________________________________________________

Damages Incurred So Far As They Are Known: __________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Injuries Incurred: ____________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Claimant’s Signature _________________________ Date Signed _______________

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