



SALT LAKE CITY CORPORATION RISK MANAGEMENT DEPARTMENT

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
P.O. Box 145515
Salt Lake City, UT 84114-5515

Office of the City Recorder
451 South State Street, Suite 415
Salt Lake City, UT 84111

Revised January 2020

Mailing Address: P.O. Box 145515, Salt Lake City, UT 84114-5478
Physical Address: 451 South State Street, Suite 415, Salt Lake City, UT 84111
Telephone (801) 535-7788



SALT LAKE CITY CORPORATION RISK MANAGEMENT DEPARTMENT

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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**SALT LAKE CITY CORPORATION
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Nature of Claim Asserted: _____

Damages Incurred So Far As They Are Known: _____

Injuries Incurred: _____

Claimant's Signature

Date Signed

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