



## Salt Lake City Corporation Risk Management Division

### BASIC CLAIM INFORMATION

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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 generally be found on the Utah State Government web site or at your local library.

The completed Notice of Claim form you submit must be signed by the individual making the claim or by his or her legal representative. Emailed and/or faxed copies 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. may be 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**

**To Hand-Deliver your Notice of Claim Form:**

Cindy Lou Trishman  
Office of the City Recorder  
P.O. Box 145515  
Salt Lake City, UT 84114-5515

Please call or email the Recorder's Office to schedule an appointment.

(801) 535-7671  
slcrecorder@slcgov.com

**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 and you are responsible for compliance with the current requirements. The provision of this information is not to be construed as a waiver of any provision of the Governmental Immunity Act of Utah.**

Revised Feb. 2021

Mailing Address: P.O. Box 145515, Salt Lake City, UT 84114-5515  
Risk Management:(801) 535-7788; Recorder's Office: (801) 535-7671



# Notice of Claim

## Salt Lake City Corporation

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: \_\_\_\_\_  
(Make) (Model) (License Plate Number)

Brief Statement of Facts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Page 1 of 2

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# Notice of Claim

## Salt Lake City Corporation

Nature of Claim Asserted: \_\_\_\_\_

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Damages Incurred So Far As They Are Known: \_\_\_\_\_

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Injuries Incurred: \_\_\_\_\_

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\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date Signed

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Page 2 of 2

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