

STATE OF ALABAMA  
MADISON COUNTY

RETURN TO:  
City/Clerk Treasurer  
P.O. Box 308  
Huntsville, AL 35801

**AFFIDAVIT OF CLAIM**

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ (Zip Code\*) AGE: \_\_\_\_\_ Sex: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

PLACE OF ACCIDENT: (Be Specific) \_\_\_\_\_

NAME OF CITY EMPLOYEE INVOLVED: \_\_\_\_\_

HOW DID THIS ACCIDENT HAPPEN? (Give Full Details) \_\_\_\_\_  
(Use additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE ANY PERSONAL INJURIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE PROPERTY DAMAGE: (Attach Estimates) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WITNESSES:

\_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ADDRESS: \_\_\_\_\_

IF YOU CARRY INSURANCE FOR THIS LOSS, STATE THE NAME OF THE COMPANY: \_\_\_\_\_

STATE THE AMOUNT OF THIS CLAIM: \_\_\_\_\_

CLAIMANT-AFFIANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_\_.

NOTARY PUBLIC

\* TO INSURE TIMELY RESPONSE, INCLUDE ZIP CODE IN ADDRESS.