



Liability Claim Form City of Central Point

Your Name _____
Phone Number _____
Email Address _____
Mailing Address _____

Date and Time of Incident _____
Location of Incident (be specific) _____
Date Reported to the City _____
Person you Reported To _____

Description of Incident

Witness(es) and Contact Information

Why do you feel the City of Central Point is responsible for this Incident?

Signed: _____ Date: _____

Return to: City of Central Point – Risk Management 140 S Third Street Central Point OR 97502
Fax 541-664-4225 Email hr@centralpointoregon.gov Phone 541-664-3321 X258

*All claims will be forwarded to the City's insurance company for processing.
Claimants will be contacted by the insurance company.*