Basic Claim Information

This information is provided as a service and is not intended to substitute for legal advice. There are claims that are not subject to the requirements of the Government 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, the West Bountiful City 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 West Bountiful City for personal injury or property damage, you are required to comply with the provisions of the Governmental Immunity Act of Utah, Code Ann. § 63G-7-101 et. seq. This can usually be found at your local library or on the Utah State Government website.

1. Completed Notice of Claim Form (attached). The completed Notice of Claim Form 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 original signature – copies or facsimiles are not acceptable.

2. Relevant documentation, including, but not limited to, police report(s), witness statement(s), photo(s), and/or vehicle repair estimate(s) may be submitted with the claim form but are not necessary to file your claim.

3. Receipt of a claim by West Bountiful City is not in any respect an acknowledgement by the City of responsibility or liability for the actions alleged or the damages claimed by the claimant. The City provides these cover instructions and claim form as a convenience to the claimant.

All claims should be mailed or delivered to:

West Bountiful City
Attention: City Recorder
550 North 800 West
West Bountiful, UT 84087

August 2013
Claimant Information

Last Name: ___________________________ First Name: ___________________________

Name of Injured party (if different) _____________________________________________

Address: ____________________________________________________________________

City: ___________________________ State: _________ Zip Code: ________________

Primary Phone Number: _______________ Secondary Phone Number: _______________

If injured party is a minor, date of birth: ________________

Date of Incident: ___________________________ Time of Incident: ___________________

Location: ___________________________________________________________________

Please provide the following information if applicable:

Vehicle Information: ___________________________________________________________

Law Enforcement Agency: ________________________ Case Number: ________________

City Department/Employee Involved: ____________________________________________

City Vehicle: ___________________________ (Year) ___________________________ (Make) ___________________________ (Model) ___________________________

Is the loss covered by insurance? If yes, name of Company: ____________________________

Policy number: ___________________________ Contact Information: _______________________

Brief statement of facts: _______________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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August 2013
Total damages incurred by claimant, so far as they are known: 

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Nature of claim asserted: 

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Injuries Incurred: 

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

IMPORTANT!! This information is provided as a service to the citizens of West Bountiful City and is not intended to substitute for legal advice. You are responsible for compliance with the current requirements of the Utah Governmental Immunity Act. West Bountiful City makes no warranty as to the correctness or completeness of this information. This information is not to be construed as a waiver of any provision of the Utah Governmental Immunity Act 63G-7-101.

________________________________________________________________________

Claimant’s Signature  

________________________________________________________________________

Date Signed  

________________________________________________________________________

FOR OFFICIAL USE

Received on:  

Received By:  

Manner in which received:  

August 2013