



West Bountiful City

550 N 800 West
West Bountiful, UT 84087
Phone - 801-292-4486

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



Notice of Claim

West Bountiful City

550 N 800 W,
West Bountiful, UT 84087
Phone: (801) 292-4486
Fax: (801) 292-6355

PLEASE COMPLETE ONE FORM FOR EACH CLAIMANT

(Use additional sheets if needed)

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: _____
(Year) (Make) (Model)

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: _____

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: _____