

**CITY OF URBANDALE  
CLAIM/INCIDENT REPORT**



CLAIMANT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK/CELL \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION OF INCIDENT \_\_\_\_\_

DESCRIPTION OF INCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST DAMAGE AND AMOUNTS CLAIMED – ATTACH RECEIPT OR ESTIMATE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VEHICLE INFORMATION, IF VEHICLE IS INVOLVED:

YEAR AND MAKE \_\_\_\_\_

LICENSE PLATE \_\_\_\_\_ VIN \_\_\_\_\_

IS VEHICLE DRIVEABLE? \_\_\_\_\_ IF NO, WHERE IS IT LOCATED?

\_\_\_\_\_ ADDITIONAL

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE AND RETURN TO:

**Claims@urbandale.org** or by mail to: Claims, City Hall, 3600 86th Street, Urbandale, IA 50322

YOUR CLAIM WILL BE FORWARDED TO THE CITY'S INSURANCE CARRIER (ICAP) FOR CONSIDERATION. THANK YOU.