



CLAIM FORM
OFFICE OF THE CITY CLERK
CITY OF NORWALK

Date: _____

Claimant Information:

Name: _____

(Last, First)

Address: _____

Tel. Number: _____

Cell Number: _____

Email address: _____

Claim for Compensation:

Date of Incident/Loss: _____

Location of Incident: _____

Description of Incident – Set Forth In Detail The Specifics of Your Claim Including 'How', 'Why', 'Who', etc.

[Attach Additional Pages If Necessary, Also Photographs, Evidence, Exhibits, Witness Statements]

Alleged Damages – Set forth the damages alleged to have been incurred as a result of this incident

[Attach Copies of All Estimates, Invoices and Other Items of Proof of the Amount of the Alleged Loss]

I hereby attest to the truth, accuracy and completeness of the information contained herein or as may be attached or supplemented.

I understand that any false statement herein or within the materials I have submitted, which I know or do not believe to be true and which are intended to mislead a public official in the performance of their duty is punishable by law (see CGS Sect. 53a-157b).

I declare under the penalty of false statement that the information submitted is true and correct.

Dated in Norwalk, Connecticut this ____ day of _____, 20 ____.

_____[Signature of Claimant]

NOTICE:

The City of Norwalk is 'SELF INSURED'. That means it is not covered by any insurance policy. The City does employ the services of a Risk Management company (CIRMA) to investigate and to adjust any and all claims. After you have filed your claim, it will be forwarded to CIRMA for further processing. You will be given the contact information for the agency and any follow up communications to your claim should be directed to CIRMA.

Please note that the filing of this Claim Form does not constitute a waiver of the claimant's responsibility to comply with any and all filing or notice requirements that might exist independent of the filing of this Claim Form.

Please also note that the acceptance and processing of this Claim Form does not constitute an acknowledgement by the City of liability or an obligation to make any payment for the asserted claim. Please also note that the City is entitled to assert a number of special defenses to any claim for damages as allowed by the law and statutes of Connecticut. These defenses may serve to reduce or remove any liability that the City might otherwise have. The City of Norwalk, in accepting this Claim Form, does not consent to waive any of these defenses.

Finally, in all 'highway defect' cases, it is necessary for the Claimant to prove that the City had prior knowledge, actual or constructive, of the alleged 'defect'. Further, in such cases, the Claimant must be able to prove that the defect was the 'sole proximate cause' of the alleged damage or injury. That means that if the claimant was also a proximate cause of the injury or accident, to whatever degree, the City cannot be held liable.

MAIL COMPLETED FORM ALONG WITH COPIES OF ALL ESTIMATES, INVOICES AND OTHER ITEMS OF PROOF OF THE AMOUNT OF THE ALLEGED LOSS TO:

City Clerk, City of Norwalk
125 East Avenue
Norwalk, CT 06856-5125
Attention: Irene Dixon