



**County of Brunswick
Office of Risk Management**

P.O. Box 249 30 Government Center Dr. NE Bolivia, North Carolina 28422
(910)253.2078 Fax (910)253.5723

CITIZEN REQUEST TO FILE A CLAIM

This form is to be completed by the citizen filing a claim for damages or reimbursement from the County of Brunswick. Please complete all applicable information and be as specific as possible. Attach any documentation available (i.e. Police Report, invoices, bills, estimates, photographs, etc.). If estimates are attached, two (2) independent estimates for repair / replacement must be provided. This information will be provided to the County's insurance adjusting firm for investigation and disposition of the claim.

NOTE: BY SUBMITTING THIS FORM, THE COUNTY OF BRUNSWICK IS NEITHER ACCEPTING NOR DENYING LIABILITY OR RESPONSIBILITY FOR THE OCCURRENCE DESCRIBED BELOW. AN INVESTIGATION WILL BE CONDUCTED BY THE COUNTY OF BRUNSWICK. FURTHER INFORMATION MAY BE REQUIRED FROM THE CLAIMANT. THE CLAIMANT WILL BE NOTIFIED BY MAIL AS TO THE FINAL DISPOSITION OF THE CLAIM BY THE COUNTY'S INSURANCE ADJUSTING FIRM.

Date of Occurrence: _____ / _____ / _____ Time of Occurrence: _____ : _____ am / pm

Location of Occurrence: _____

Claimant Information: Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home: (_____) _____ Work: (_____) _____

Description of Occurrence:

County of Brunswick
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Extent of Damages: _____

Estimate of Damages: \$ _____ (Attach documentation)

Insurance Company: _____ Policy Number: _____

Agent: _____ Phone Number: (_____) _____

Witness: _____

Witness: _____

Address: _____

Phone: (_____) _____

Signed: _____

The above two (2) pages are true, complete, and accurate statements of the facts of my claim. I authorize the County of Brunswick to investigate my claim and to detain information, including confidential or medical information that may be relevant to my claim.

Signature of Claimant

Date