

(TO BE COMPLETED BY CLAIMANT)

**LIABILITY CLAIM FORM
CITY OF THE DALLES**

Name _____
Phone Number _____
Address _____

Date of Incident _____
Locations of Incident _____
Date Reported to the City _____
Person Reported To _____

Description of Incident

Witnesses (include contact information)

Why do you feel the City of The Dalles is responsible for this incident?

Signed _____ Date _____
(Claimant Signature)

Please return the completed form to: City of The Dalles OR Email to: Claims@ci.the-dalles.or.us
Legal Department
313 Court Street
The Dalles, OR 97058