



## Property Damage Claim Form

5490 5<sup>th</sup> Street, Cottleville, Missouri 63304

Email: [amy.lewis@cityofcottleville.com](mailto:amy.lewis@cityofcottleville.com)

636-498-6565 – office

636-498-6575 – fax

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_  
\_\_\_\_\_

Description of Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did Damage Occur: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Party responsible for damage (if known): \_\_\_\_\_  
\_\_\_\_\_

(Please attach any supporting documentation, photos, video, estimated repair quote(s), etc.)  
\_\_\_\_\_

Signature of Claimant: **X** \_\_\_\_\_

### For Office Use Only:

General Notes: \_\_\_\_\_  
\_\_\_\_\_

Reviewed By (initial): \_\_\_\_\_ Approved/Denied: \_\_\_\_\_

Submitted to Insurance (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Police or Incident Report # \_\_\_\_\_