



CITY OF

TEXARKANA

220 TEXAS BOULEVARD TEXARKANA TEXAS 75501

TEXAS

Property & Liability Claim Form

The City Ordinance Article XVII. Sec. 4. Provides that written notice of claims for personal injury or property damage must be given to The City within 90 days from the date the injury or damage was sustained. Therefore, The City of Texarkana, Texas shall not be liable for personal injury or for damage to real property unless a notice is filed in writing and submitted to the Human Resources department within 90 days of the incident.

Acceptance of the claim by The City does not constitute an admission of liability.

If you believe The City is responsible for your personal injury or property damage, you may file a claim against The City by completing and returning this page and the attached form along with all applicable documents if available (medical reports, health care invoices, witness statements, police reports, damage estimates or repair invoices, photographs, etc.).

Submitting your claim form electronically: Please first download this form and once completed, select “Submit Claim Form Electronically” located at the bottom of page 2. Be sure to attach any of the relevant documents identified above if applicable to your claim. The email address used for electronic claim submissions is txktx.hr@txkusa.org

Submitting your claim form by mail or in-person: Please mail or deliver to the following address:
City of Texarkana, Texas
Human Resources
220 Texas Blvd.
Texarkana, TX 75501

If you need additional information or help regarding the claim submission process, please contact the Human Resources Department at 903-798-3928 or email txktx.hr@txkusa.org.

For Office Use Only: Received by _____ on _____, 202__



Claimant Information

A completed claim form will be forwarded to the City's Claims Adjuster, Texas Municipal League, and a representative of Texas Municipal League may contact you at the address and phone number listed below. City staff does not determine claim liability.

Full Name of Claimant: _____

Mailing Address: _____

Home Address (if different): _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email: _____

Best Available Phone Number: _____ (Select one) home office cell

Incident Information

Date of Incident: _____

Time of Incident: _____

Specific Location of Incident:

Please explain what happened and why you feel the City of Texarkana, Texas is responsible for the injuries and/or damages sustained because of this incident.

Describe the incident and details of your claim; where, when, and how the incident occurred; any personal injuries; any property damage (include brand name, make/model/year, serial or vehicle identification number, date of purchase, purchase cost); witness identification (name, address, phone number). Attach additional pages to this form if necessary.

Total amount of your claim against the City of Texarkana, Texas is \$ _____

The statements made in this claim are true and correct to the best of my knowledge:

Signature of Claimant

Date