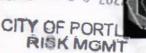
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GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLANDMAR 1 5 70

* for damages to persons or property *



A claim must be filed with City of Portland Risk Management within 180 days after the occurrence of the incident or event.

Normal business hours. Monday through Friday, 8 00am to 5 00pm. Closed on official holidays.

Claims received during regular business hours will be recorded on the date received.

Faxed or emailed claims received after business hours will be recorded on the next working day.

Please be sere your claim is against the City of Portland. not another public entity.

Where space is insufficient, please use additional paper and identify information by section number and letter.

Completed forms may be mailed, emailed, foxed, or hand-delivered to.

Risk Management/Liability, 1120 S.W. 3 Ave. Suite 1040, Portland, OR 97204 1912, Ph. 503-823-5101, Fax, 503-823-6120 Liability Claims a portlandoregon gov

1. Claimant (Circle: Mr Mrs Ms Miss Date of Birth State 01/ 7.ip 97220 a Address / / C b. Home Phone Business Telephone d. Marital Status Single Married () Divorced or Widowed () If married, name of spouse d. E-mail address 2. If claim involves a vehicle: a. Year, make and model 20/3 Chevy Malaba Driver's License Number b. License Plate Number c. At time of accident, were you (check all that apply) Owner ______ Driver ______ Passenger _____ N/A____ d. Name and address of owner if different from claimant (1 Above) 3. Occurrence or event from which the claim arises: a. Date 2/5 b. Place (exact and specific location) / tocoss over T-20 c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary) State how the City of Portland or its employees were at fault. to me Was 625.9 e. Were you on the job at the time of the accident? If yes, what is the name / phone number of employer.