



Claim Form

Please note that this is not an on-line form. You must print out this page, fill it in, and mail, e-mail, deliver, or fax it to the Town Attorney as set out on this form.

Claim information:

Name of Claimant(s) _____

Address of Claimant(s) _____

Phone number of Claimant(s) _____

Email address of Claimant(s) _____

Nature of claim (property damage, bodily injury, and the like) _____

Date, time and place of event on which claim is based _____

Explanation of accident or event on which claim is based _____

Amount claimed (please attach supporting documentation, if possible) _____

Reason for alleged Town responsibility (optional) _____

If claim involves property damage, please provide the following insurance information:

Name of Claimant's Insurance company _____

Address of Claimant's Insurance company _____

Claimant's Insurance policy number _____

Claimant's signature:

Signature of Claimant(s) _____

Date _____



Claim Form Instructions

This claim form must be received by the Town Attorney within six months after occurrence of events or facts on which this claim is based. Please mail, email, fax, or deliver to:

Lesa J. Yeatts
Town Attorney
Town of Herndon, Virginia
777 Lynn Street
Herndon, VA 20170-4602

email: town.attorney@herndon-va.gov
fax: 703-435-1034