



Notice of Claim Form

Please print and complete this form and mail or deliver to the Town Attorney at:

Town Attorney's Office
777 Lynn Street
Herndon, VA 20170

Claimant Information

Name _____

Primary Phone _____

Address _____

Email _____

Loss Details

Date of Occurrence _____ | Time of Occurrence _____

Location of Occurrence _____

Description of Occurrence _____

Property Damage Information

Please fill out this section if you are claiming damage to property

Type of Property Damaged _____

Vehicle Information (If applicable)

Year _____ License Plate No. _____

Make _____ Insurance Company _____

Model _____ Insurance Policy/Claim No. _____

Location of Property _____

Type and Extent of Damage _____

Injury Information

Please fill out this section if you are claiming an injury

Body Part(s) Injured _____

How did the injury occur? _____

Type of Injury (Ex. cut, broken bone, etc.) _____

Additional Information

Please provide any other helpful information relevant to your claim
