



**Claims Line: (404) 546-4195**

**ANDRE DICKENS, MAYOR  
OFFICE OF THE MAYOR**

City of Atlanta  
55 Trinity Avenue, SW  
Suite 2400  
Atlanta, Georgia 30303

**DOUG SHIPMAN, PRESIDENT  
ATLANTA CITY COUNCIL**

City of Atlanta  
55 Trinity Avenue, SW  
Suite 2900  
Atlanta, Georgia 30303

**NOTICE OF CLAIM**

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

**Dear Mayor Dickens or President Shipman:**

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ \_\_\_\_\_ property and/or \$ \_\_\_\_\_ bodily injury. The total amount of monetary damages being sought from the City is \_\_\_\_\_. A specific amount of damages must be stated.

1. Date of incident: \_\_\_\_\_ 2. Time of incident: \_\_\_\_\_ 3. Police called: YES/NO Report No. \_\_\_\_\_
4. Location of incident (including street address): \_\_\_\_\_
5. Name of your insurance company: \_\_\_\_\_ Phone No. \_\_\_\_\_ Policy No. \_\_\_\_\_ Claim No. \_\_\_\_\_
6. State what and how incident occurred:  
\_\_\_\_\_  
\_\_\_\_\_

7. **ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**
8. **The registered owner must make the claim for vehicle damages**, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle.

Your vehicle: \_\_\_\_\_  
 (Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
 (Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_ Phone No. \_\_\_\_\_
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of legal responsibility on behalf of the City of Atlanta and/or its employee(s).
11. **Claims must be received within 6 months from the date of the event by personal delivery, certified mail, or overnight statutory delivery upon the Mayor or President of the City Council.**

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
**(Print Claimant's Name)**

\_\_\_\_\_  
**(Address)**

\_\_\_\_\_  
**(Signature of Claimant)**

\_\_\_\_\_  
**(City, State and Zip Code)**

\_\_\_\_\_  
**(Email address of Claimant)**

\_\_\_\_\_  
**(Work Number) (Home Number)**