



Mayor Suzanne LaFrance
Municipality of Anchorage
Risk Management Division

This is your notice to the Municipality of Anchorage (MOA) of alleged damages and/or injury. The Municipality's receipt of this form does not imply acceptance of liability by the Municipality, use of the form is simply a means in which to allege negligence and file a claim for damages and/or injury against the Municipality.

INSTRUCTIONS FOR NOTICE OF CLAIM FORM

Fill out the form completely and provide all necessary information. Attach copies of all statements, estimates and invoices for repairs, photos, medical care records, and any other information you want considered in support of your claim.

Your notice of claim must be signed and dated, or it will be returned to you.

Please note that as the vehicle or property owner, safe operation is your responsibility, as is arranging for and authorizing repair.

With respect to any alleged injuries, the Municipality does not arrange for, pre-approve or authorize medical treatment.

Your completed Notice of Claim form and additional information can be emailed to:
riskmanagementliabilityclaims@anchorageak.gov

If you prefer, you may mail your claim and supporting documents to:

Municipality of Anchorage
Risk Management Department
PO Box 196650
Anchorage, AK 99519

You will be contacted within 10 days of our receipt of your claim, and then once a decision about your claim has been made.

Please call if you have any questions.

Thank you,
Amber J. Cummings
907-343-2525
Deputy Risk Manager
Municipality of Anchorage



MUNICIPALITY OF ANCHORAGE

NOTICE OF CLAIMAgainst: ☐ Municipality of Anchorage

Receipt of this form does not imply acceptance of liability. It is the means in which to enter a claim against the Municipality of Anchorage.

NOTE: This form should be filled out in as much detail as possible to assist the Municipality in evaluating your claim and upon completion it should be filed with Risk Management at P.O. Box 196650, Anchorage AK, 99519 within two years after the date of the occurrence of injury or damage.

I, the undersigned, do hereby submit, under oath to the Municipality of Anchorage, Alaska, this Notice of Claim for damages to my person or property. I do hereby intend to hold the Municipality liable for such damages claimed herein.

I. PERSON OR PERSONS MAKING CLAIM

Name	Telephone
Home Address	Mailing Address
Zip	Zip

II. DATE, TIME, PLACE OF INJURY OR DAMAGE

Date (Mo., Day, Year)	Time (AM or PM)	Place/Location
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III. PROPERTY INVOLVED

Description	If Vehicle (Year, Make, Model, and License No.)
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IV. MUNICIPAL DEPARTMENT INVOLVED (if known)

Department (and/or vehicle number)	Municipal Employee
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V. INJURED PERSON/PERSONS (Use attachment if additional space is necessary)

1) Name	Age	2) Name	Age
Address	Telephone	Address	Telephone
Occupation	Employed By	Occupation	Employed By
Person's location when injured		Person's location when injured	
Person's activity when injured		Person's activity when injured	
How did injury occur?		How did injury occur?	

VI. AMOUNT CLAIMED (Please attach an estimate or itemization of the damages claimed) \$**VII. DESCRIPTION (Nature and extent of injury or damages. Please describe in detail.)****VIII. MANNER OF OCCURENCE OF INJURY OR DAMAGES (Please explain in detail what happened and why the Municipality is liable.) Use attachment if additional space is needed.**

* If alleging an injury, you MUST provide the following: Date of Birth: _____ SSN: _____

VII. WITNESSES (Include automobile passengers, Police, Doctors, and all others having information concerning the claim.) Use attachment if additional space is needed.

Name of Witness 1)	Address	Telephone
2)		

SIGNATURE OF COMPLAINANT REQUIRED	Date Prepared
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Any person who, knowingly and with intent to deceive, submits a claim containing a false or deceptive statement may be found guilty of fraud.