



City of Cuyahoga Falls

Department of Law
2310 Second Street
Cuyahoga Falls, Ohio 44221

Janet M. Ciotola
Director of Law

Telephone: 330-971-8190
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Don Walters
Mayor

INSTRUCTIONS FOR SUBMITTING CLAIM:

Attached please find a claim form to submit to the City for your loss. Please fill out the claim form as completely as possible. Failure to provide information could result in delays in the processing of your claim. Please note: The City cannot authorize reimbursement on the basis of speculative or estimated damages.

The following items must be provided in order for your claim to be processed:

- A copy of any paid receipts, canceled checks or credit card authorizations providing proof of payment for the repairs or replacements claimed.
- Proof of the extent of damage claimed (i.e. photographs, detailed inventory of items damaged, professional estimates, etc.).
- A copy of the declarations page of your homeowner's and/or automobile insurance policy. (This must be provided even if your policy does not cover the loss you have suffered. If your loss is not covered by your policy, please provide a letter from your insurance agent denying coverage.)
- If you have made a claim against your insurance for the loss claimed, provide a copy of the insurance company's response.

You must submit your claim to your insurance company first if your insurance covers the loss. The City will not pay amounts which can be recovered through your insurance policy.

Once your claim information is received by the City, it will be assessed and processed by reviewing your information and the information provided by the involved City department. This process may take up to 12 weeks. You will be notified in writing of the decision to approve or deny the claim.

If you have any questions concerning your claim, please call the Law Department at 330-971-8190.

Thank you,

Janet M. Ciotola
Director of Law

SPECIAL NOTICE REGARDING POTHOLE: The City is not responsible for damage caused by a pothole if it did not know about the pothole and have an opportunity to repair it before the damage occurred. (*Ohio Revised Code Section 2744.05*)

For office use only:

Claim #: _____

Claim amount: \$ _____

City Dept: _____

CITY OF CUYAHOGA FALLS CLAIM FORM

Please complete form in full and return with required items to:

Cuyahoga Falls Law Department
2310 Second Street
Cuyahoga Falls, OH 44221

1. General Information:

Name

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

Email

| | | | |
|----------|------|-------|-----|
| Employer | City | State | Zip |
|----------|------|-------|-----|

| | |
|-------------------|-------------------|
| Cell Phone Number | Home Phone Number |
|-------------------|-------------------|

| | |
|-------------------------|---|
| Date & time of Incident | Location (Street address, intersection streets, etc.) |
|-------------------------|---|

2. Please provide a brief description of the incident (use extra pages if necessary):

3. Identify each item of property damage and the amount of damage (use extra pages if necessary). **Please enclose copies of repair bills, receipts and/or checks:**

| | Item: | Amount: |
|----|-------|---------|
| A. | _____ | _____ |
| B. | _____ | _____ |
| C. | _____ | _____ |
| D. | _____ | _____ |
| E. | _____ | _____ |
| F. | _____ | _____ |
| G. | _____ | _____ |

4. Total amount claimed from City: \$ _____

5. Witnesses (List any witnesses to the incident)

| Name | Address/City/State | Phone |
|-------|--------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. Please list any insurance coverage available to cover your loss. **Please include a copy of the declarations page of your insurance policy. If your loss is not covered by your policy, please provide a letter from your insurance agent denying coverage.**

| Name of Carrier | Address | Phone |
|-----------------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you required to pay a deductible? _____ If so, how much? _____

7. Are you aware of any other party who may be responsible? If so, give the name and address of that party:

| Name | Address |
|-------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

8. Are you involved in any other claim(s), lawsuit(s), or disputes(s) with the City of Cuyahoga Falls? If so, please give details:

| Case/Claim | Date filed | Court or Office |
|------------|------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

9. Is this present claim being currently litigated in any other form or has it been in the past? If so, please give details:

Case/Claim

Date filed

Court or Office

10. Are you currently indebted to the City of Cuyahoga Falls? If so, give details (include past due utility payments, delinquent income tax payments or any other debt):

I certify that the information on this form is true to the best of my knowledge.

Signature

Date