



Notice of Claim Form WHITE CITY WATER IMPROVEMENT DIST.

999 GALENA DR, SANDY, Utah 84094
(Telephone: 801-571-3991 Fax: 801-571-2688)

This form is to be used to request consideration of a claim for damage ;which, may have been caused by White City Water Improvement District, Utah. Each blank must be filled out completely; if the information is not applicable, mark "N/A" in the blank. All claims should be accompanied by the actual damage costs or at least three (3) estimates from reliable sources of the projected costs attached to this form. If additional space is needed for your response, attach additional sheets. **PLEASE TYPE OR PRINT IN BLACK INK.**

Name:

Home Telephone:

Work Telephone:

Street address:

City, State and Zip:

Police Report # _____ (if applicable)

Claimed amount of loss: \$

Type of Loss
(Check box)

Bodily
 Other

Property Damage

Date of incident:

Location of incident:

(street address, City)

DESCRIPTION OF THE INCIDENT (Describe the time place and manner in which the loss occurred. If the loss involves an automobile accident, show the direction, speed, point of impact, describe weather conditions and attach police report if applicable.)

Description of the loss (Attach copies of bills and/or estimates, if available)