



Date Received: _____

Received By: _____

CLAIM FORM

Pursuant to the governance of W.S. § 1-39-113 and the Wyoming State Constitution, Article 16, Section 7, the following claim is made **under the penalty of false swearing**. All claims must be filed within two (2) years of the alleged act, error or omission. Complete form in its entirety and submit to the appropriate governmental entity.

1. Name of Governmental Entity: _____

2. Claimant name: _____

Mailing address: _____

City, State, Zip Code: _____

Physical address: _____

City, State, Zip Code: _____

Claimant Phone #: _____ Email address: _____

3. If above claimant is a business or insurance company:

Contact/Representative name: _____

Name of Insured: _____ Claim Number: _____

4. Name, address and phone number of attorney, if represented regarding this claim:

5. Date of Occurrence: _____ Time of Occurrence: _____ AM / PM

6. Location of occurrence (include as much information as possible): _____

City or Town: _____ In Near _____ (miles to/from)

Highway or Street Name: _____

7. Amount of compensation or other relief demanded: _____

(Attach relevant documentation that supports your claim; 2 estimates and proof of ownership are required for property damage)

