



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)**

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