



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 ins	urance company:		
	Contact/Representative nam	e:		
	Name of Insured:	Claim Number:		
4.	Name, address and phone number o	f attorney, if represented regarding this cla	im:	
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:			
	Amount of compensation or other relief demanded:			

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

	Please provide a complete description of the accident or occurrence. Include as much detail as possible, with applicable supporting documentation attached.			
8. Name	e of Public Employee involved, if known:			
responsible requirementity. No Wyoming	tim Form" is provided for the information and convenience of the claimant. The claimant ble for completing this claim form properly and accurately, and in accordance with ents. The claimant is further responsible for presenting this claim form to the proper government entity providing this claim form nor its agents or assignees, included association of Risk Management (WARM), make any representations as to the legal statement or the accuracy of the information provided herein.	statutory vernment uding the		
	nal information provided herein shall be utilized only for purposes of processing this claince with all Wyoming and federal laws.	im and in		
basis, inc	ernment entity hereby explicitly reserves any and all rights to deny this claim upon a cluding, but not limited to, the insufficiency and timely filing of this claim form. The eek the advice of private counsel for legal advice.			
	earing statute. I hereby certify under penalty of false swearing and subject to the gover 6-5-303, and its penalties, that the foregoing claim form and any attachment(s) are	nance of		
Claimant	Signature Date			
STATE C	OF WYOMING)			
COUNTY)SS (OF)			
	ribed and sworn to before me, a Notary Public, thisday of	, 20		