Claim Form

(Before completing this form, please see attached instructions)

Claimant Name: _____

Claimant Address: _____

Claimant Phone: _____

Date of Incident: _____

Time of Incident: _____

Place of Incident: **"Must include address, hundred block or intersection."**

_____

_____

_____

Briefly describe the incident that occurred. Please include two (2) estimates or the bill for damages. (Include driving directions, the lane you were in and the hundred block.)

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_____ **Approximate Dollar Amount of the Claim -** $

You will receive determination of the claim by mail. For questions regarding claims, please contact Nora at 815-987-5540. Please allow 3-4 weeks for the claim to be processed. Thank you.