City of Rockford
Claim Form Instructions

General Instructions

Please complete the entire claim form in a legible manner. A typed or printed claim form is preferable to one that is in cursive handwriting. You are responsible for the document's legibility. If we cannot read your handwriting, we cannot pay your claim. Please remember that you are filing a claim against the City of Rockford. No matter what you have been told or by whom, no decision to pay your claim has yet been made. Your claim will be sent for investigation. Sometimes, we require more information than that which you have provided. Please call us back promptly, if we contact you for more information. Once an investigation has been made, we will contact you in writing with a decision on your claim. If you disagree with this decision, you may file a written appeal to the Code & Regulations Committee of the City of Rockford City Council. The Code & Regulations Committee will render an advisory decision to the City Council, which will render our final decision on your claim. It certainly helps to be present at all meetings in which your claim is discussed, although your presence is not required.

Claimant Name

If you are filing this claim on behalf of a business or corporation, please provide the name of the contact person for the business. If you are filing this claim as an insurance company, please provide the name, date of birth, address, and phone number of your insured.

Claimant Address

Please provide your street address, street type (road, avenue, trail, etc.) and unit or apartment number, if applicable. If you move, please provide your new address to us immediately. If we cannot contact you, we will deny your claim.

Claimant Phone

Please provide your home telephone, work telephone and/or a mobile telephone number.

Date of Incident

This is the date on which the damage to your property or person occurred. Please be as specific as possible. Without this date or a reasonably narrow date range, your claim will be denied.

Time of Incident

Please be as specific as you can. This information is critical in most cases involving property damage to a vehicle.

Place of Incident

This is perhaps the most important information you can provide. Again, you must be specific. At a bare minimum, we will require the street on which the damage occurred and its' nearest cross street. However, in most cases, this is not enough information. To be safe, please locate the address nearest to where your damage occurred. For example, the pothole was located in front of 1929 East State Street near its' intersection with 20th Street in the northernmost westbound lane, approximately 10 feet from the curb line. Please do not provide us with the name of a business or landmark without its' street address. Without specific information in regard to potholes and other roadway defects, your claim will be denied.

Description

Please us this space to provide a brief, detailed description of the occurrence, which caused the damage you are claiming. Please write this information as if you were explaining your claim to someone who had never heard anything about it before.

Estimates and Bills

Please attach all estimates and bills that will serve to verify the amount that you are claiming. Seldom will a claim be allowed without this verification. Please be reasonable in the amount of damages claimed. Remember, it is better to err on the side of providing too much documentation for your claim than too little. The more information we have at our disposal, the more likely it becomes that you will be reimbursed for your damages. Thank you.

Please contact Diane at 967-6797 for more information or clarification on these instructions.

Claim Forms can be mailed or faxed to the City of Rockford Legal Department.

City of Rockford Legal Department
425 E. State Street
7th Floor
Rockford, Illinois 61104

Fax # (815) 967-6949

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: _____
(address/block/
intersection) _____

_____

Briefly describe the incident that occurred. Please include an estimate or bill for damages.

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You will receive determination of the claim by mail. For questions regarding claims, please contact Dinne at 967-6797. Please allow at least 4-6 weeks for the claim to be processed. Thank you.