



# NOTICE OF INCIDENT

## IMPORTANT NOTICE

TO BE CONSIDERED,  
YOUR NOTICE MUST BE SUBMITTED TO:

**CITY OF SANTA FE  
RISK MANAGEMENT / SAFETY DIVISION  
P.O. BOX 909  
SANTA FE, NEW MEXICO 87504-0909  
PHONE # (505) 955-5621  
FAX # (505) 955-5629**

CLAIMANT: \_\_\_\_\_ AMOUNT OF CLAIM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ PLACE OF ACCIDENT: \_\_\_\_\_

PHONE NUMBERS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

CAUSE OF ACCIDENT: \_\_\_\_\_

HOW DID THE ACCIDENT OCCUR: \_\_\_\_\_

LIST OF PERSONS/PROPERTY FOR WHICH YOU ARE CLAIMING DAMAGES:

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

PLEASE SUBMIT ANY ESTIMATES, BILLS OR OTHER INFORMATION YOU MAY HAVE TO VERIFY THE AMOUNT OF YOUR CLAIM.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

ONCE YOU HAVE FILED YOUR NOTICE OF INCIDENT WITH THE CITY OF SANTA FE, IT WILL BE SUBMITTED TO THE CITY'S INSURANCE CARRIER FOR INVESTIGATION.