

***For municipality's internal use only.***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

### TORT CLAIM CHECKLIST

\_\_\_\_\_ First Report Received:

Phone Call

Letter

Other: \_\_\_\_\_

\_\_\_\_\_ Tort Claim mailed/picked up by Person/Business.

\_\_\_\_\_ Tort Claim returned, signed by Person/Business.

\_\_\_\_\_ Amount of claim (if provided): \$ \_\_\_\_\_.

\_\_\_\_\_ Memo and Tort Claim form authorization sent to: \_\_\_\_\_.

\_\_\_\_\_ Memo and Tort Claim form authorization returned with authorization instructions.

\_\_\_\_\_ Tort Claim and Documentation to: \_\_\_\_\_.

\_\_\_\_\_ Tort Claim and all other information pertaining to claim faxed to OMAG Claims.

Other information mailed with claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Copy of lawsuit claims delivered to City Attorney.

\_\_\_\_\_ Acknowledgment from OMAG Claims with name of adjuster: \_\_\_\_\_

\_\_\_\_\_ OMAG Claim Number: \_\_\_\_\_

\_\_\_\_\_ Letter from OMAG notifying City if

Claim Paid

Claim Denied

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ File Destroy Date per State Statute:

Notes: \_\_\_\_\_

\_\_\_\_\_

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