

**RFC - Post-it Note**  
**Created By: OMAG\gsartin**  
**Date: 9/27/2010**

This note is associated with: Auto/GL Department  
Attached to: Auto/GL Department

**INSTRUCTIONS**

Page 1: Tort Claim Check List  
Use the check list to keep track of the process of your claim.

Pages 2 & 3: Notice of Tort Claim Form  
The Form must be completed and filed.

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_