

CITY OF PRIEST RIVER
P.O. Box 415
552 High Street Priest River, ID 83856
(208) 448-2123
Fax (208) 448-2232



NOTICE OF TORT FOR DAMAGE OR INJURY

ATTENTION: This form is to be completed by the claimant and is a requirement that if used, be presented to and filed with the City Clerk of the City of Priest River. This form is being provided as a courtesy to assist you in filing your claim. Providing this form to you is not an admission, nor shall it be construed to be an admission, of liability or an acknowledgement of the validity of a claim by the City of Priest River. Legal requirements for filing claims can be found in the Idaho Code: Title 6, Chapter 9. All claims must be filed promptly in writing.

Name: _____ Phone number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Address for the six months immediately prior to the date the damage or injury occurred:

Date of Incident: _____ Time: _____ AM or PM

Location of occurrence: _____

Injuries that resulted: _____

Provide a Description of What Happened:

I hereby certify that I have read the above information and it is true and correct to the best of my knowledge.

I hereby make a claim against the City of Priest River for:

(damage, injury, etc.) in the amount of _____.

If you were injured and you are on Medicare/Medicaid, please fill out the following as required by 42 U.S. C. 1395.

Date of Birth: _____

SSN: _____

Medicare/Medicaid Number: _____

Signature: _____ **Date:** _____

(You may attach any other information or documentation you desire.)