

City of Chicago

Property Damage Claim Form

Please note: Title 2, Chapter 2-12, Section 2-12-060 of the Chicago Municipal Code requires that all claims be printed legibly and neatly.

* Required information

PLEASE PRINT LEGIBLY AND NEATLY

	Today's Date:			
1.	Claimant Name*:	First	Middle Initial	Last Name
2.	Claimant Address*:			
3.	Claimant City, State & Zip Code:			
4.	Claimant Telephone:	Office	Home	Cellular
5.	Claimant's Email Address:			
6.	Claimant's Insurance Company:			
7.	Policy Holder's Name, Policy Number and Policy Period:	Policy Holder's Name:		
		Policy Number:		
		Policy Period:		
		(Effective Date)	(Expiration Date)	
8.	D id you file a claim with your insurance company?:	Yes	No	
9.	Letter of Experience from Insurance for all claims over \$500.00:	Yes	No	
		Must be provided for claims over \$500.00		
10.	Date and Time of Incident*:	Date	/	/ Time . A.M./P.M.
		MM	DD	YYYY
11.	Incident Location: (provide specific address, i.e. 1234 W. Main St.):			
12.	Witness Name (if applicable):	First	Middle Initial	Last Name
13.	Witness Address:			

(OVER)

