

**ESCAMBIA COUNTY
GENERAL LIABILITY CLAIM FORM**

Please Print

NAME: _____
(Last, First M.)

ADDRESS: _____
(Street) (City, State) (Zip)

PHONE NO.: _____
(Home) (Work)

DATE OF ACCIDENT/INCIDENT: _____

TIME OF ACCIDENT/INCIDENT: _____

LOCATION OF THE ACCIDENT/INCIDENT: _____
(Include nearest intersections)

DESCRIPTION OF ACCIDENT/INCIDENT:

DAMAGES SUSTAINED: _____
(If auto damage, list vehicle type & color and insurance company)

IF DAMAGES RESULTED FROM AUTO ACCIDENT,

1. Who was the driver of the vehicle in which you were traveling? _____
2. Who is the owner of the vehicle in which you were traveling? _____
3. In what state is the damaged vehicle registered? _____
4. Do you own a vehicle? _____ If so, in what state is your vehicle registered? _____

TOTAL AMOUNT CLAIMED: _____
(If requesting reimbursement, attach receipts, estimates, etc. to substantiate this claim. For auto damage claims for which Escambia County is liable, an independent appraisal will be obtained.)

I/We hereby claim a right of action in tort against the Escambia County Board of County Commissioners arising out of the above listed damages sustained by me/us as a result of the above described accident/incident. The amount claimed represents the total sums due me/us for all said damages to me/our property. Attached is/are estimates, bills, receipts, etc. which will substantiate this claim.

Dated this _____ day of _____, 20____.
(Day) (Month)

(Signature of Claimant)

(Signature of Claimant)

Return to: Board of County Commissioners, Risk Management, Post Office Box 1591, Pensacola, FL 32591