



Spanish Fork City
NOTICE OF CLAIM
Personal Injury

Claim #

Name of Claimant	Phone Number

Last First MI

Address

Street City State Zip Code

Injury Description	Date of Occurrence

Estimated Costs	Location of Occurrence

Briefly describe the circumstances of the incident.

Insurance Company	Company Phone #	Policy #

I hereby certify that the information I have provided on this form is correct and accurate to the best of my knowledge

Signature

Date

For Office Use Only

Date Claim Filed		Date To URMMA	
Received By		Disposition	
Department		Date Settled	
Division		Total Cost	