

PROPERTY DAMAGE CLAIM FORM

CLAIMANT'S NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER: _____

CLAIMANT'S VEHICLE: _____

(MAKE, MODEL, YEAR)

(LICENSE PLATE NUMBER, STATE OF LICENSE)

WHEN DID THE DAMAGE OCCUR? (DATE & TIME) _____

WHERE DID THE DAMAGE OCCUR? _____

(STREET, AVENUE, BOULEVARD/NUMBER OR NAME OF CLOSEST INTERSECTING STREET)

DESCRIBE IN DETAIL HOW DAMAGE OCCURRED:

POLICE REPORT NUMBER: _____

REPORTING AGENCY: _____

RELATED PHOTOGRAPHS ATTACHED: YES NO

WRITTEN ESTIMATES ATTACHED: YES NO

PAID BILL ATTACHED: YES NO

SIGNATURE OF CLAIMANT: _____

DATE: _____

MAIL THE COMPLETED FORM ALONG WITH ANY REQUIRED SUPPORTING EVIDENCE TO:

Menard County Highway Dept.
15620 Chautauqua Road
Petersburg, IL 62675