



# General Liability Claim Form

## Description of Incident

Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Incident: \_\_\_\_ : \_\_\_\_  AM  PM

Address Where Incident Occurred (Street, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

Exact Location of Incident (e.g., Street, Parking Lot, Back Yard): \_\_\_\_\_

\_\_\_\_\_

Describe the Incident in Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a third party involved?  Yes  No Name of Third Party: \_\_\_\_\_

## Witnesses

Witness 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Witness 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Witness 3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



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## Loss/Resolution

Describe the loss you suffered: \_\_\_\_\_

\_\_\_\_\_

Describe the resolution or remedy desired: \_\_\_\_\_

\_\_\_\_\_

If you are making a claim on behalf of a business, please print the name of business: \_\_\_\_\_

\_\_\_\_\_

## Information on Person Filing Claim

Name: \_\_\_\_\_

Address: \_\_\_\_\_

If under 18, name of parent/guardian: \_\_\_\_\_

Residence/Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature

Date

**Please attach any additional documentation  
and return this form to OMU.**

**QUESTIONS? CALL 270-691-4345**

**MAIL:**

Owensboro Municipal Utilities  
Attn: Financial Specialist  
P.O. Box 806  
Owensboro, KY 42302-0806

**FAX:**

270-686-8512

**EMAIL:**

finance@omu.org