# CITY OF CINCINNATI
# Claim Form

Procedure for Filing a Claim with the City of Cincinnati

Claimant should provide the City with information listed below

1) Written statement describing the incident.
2) Written statement of costs incurred.
3) A copy of all claimant's insurance coverage relevant to the claim.

Claimant's Name: _____ Telephone: _____

Street Address _____

City _____ State_____ Zip Code _____

City Department Involved (if known) _____

Date of Incident: _____ Location of Incident: _____

Brief Description of Incident:

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(Attach additional pages, if needed)

**MAIL OR FAX TO:**

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