

**CITY OF BROWNWOOD
BROWNWOOD, TEXAS**

NOTICE OF PROPERTY DAMAGE, PERSONAL INJURY, DEATH

Pursuant to the provisions of Section 2-521 of the Code of Ordinances of the City of Brownwood, notice of property damage, personal injury, or death shall within thirty (30) days of occurrence be reported in writing to the Mayor and City Council. All notices shall be effectuated by serving them upon the City Manager or City Secretary at City Hall, 501 Center Avenue, Brownwood, Texas.

To: Honorable Mayor and Members of the City Council Brownwood, Texas

From: Name (Claimant): _____
Address: _____
City, State, Zip _____
Best number to be reached: **Email Address** _____
Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____
Property Owner and Number if different than Claimant _____

Date & time that injury or damage occurred to claimant: _____

Location where injury or damage occurred: _____

Police Investigation No Yes Report attached

Nature and apparent extent of the damage or injury (Please specify and detail how and under what circumstances the damage or injury occurred): _____

Amount for which claimant will settle: \$ _____

Name and address of treating physician and/or care facility (where applicable):

Name : _____
Address: _____
City, State, Zip _____
Phone: () _____

Name : _____
Address: _____
City, State, Zip _____
Phone: () _____

Witnesses to accident or loss:

Name : _____
Address: _____
City, State, Zip _____
Phone: () _____

Name : _____
Address: _____
City, State, Zip _____
Phone: () _____

If automobile accident:

Vehicle year: _____ Model _____ VIN: _____
License Plate # _____ Vehicle Owner _____
Address: _____ City, State, Zip _____
Phone: () _____ Work or other phone _____

Any other insurance coverage for this claim No Yes

Insurance Company _____
Policy # _____ Effective Date: _____
Address or Agent _____
Phone () _____

I swear (or affirm) that the information contained in this Notice is true and correct. I fully understand that a complete and thorough investigation must be conducted by the City of Brownwood and/or its designated liability carrier of the allegations contained herein. I understand that submission of this claim is subject to the Open Records Act.

Sworn to this _____ day of _____, 2024.

CLAIMANT or AUTHORIZED REPRESENTATIVE

To be completed by City:

Received this _____ day of _____, 2024.

City Manager or Authorized Administrator