

REPORT OF PUBLIC LIABILITY ACCIDENT



28W701 Stafford Place, Warrenville, IL 60555-3002

Phone 630-393-9427

Fax 630-393-1531

Attn: Jennifer McMahon, Assistant City Administrator

Claimant Information	Name		Home Phone	
	Address		Work Phone	
	e-mail Address		Cell Phone	
Incident Time & Location (Must be within <u>30</u> days of the date of this filing)	Date		Time	
	Address/Location			
	City		State	
	Owner of Premises			
	Occupant of Premises			
Accident	Nature & Extent of damage			
	Police reports completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police reports attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Witnesses	Name		Phone No	
	Address			
	Name		Phone No	
	Address			
Additional Pertinent Comments	It is important that anyone with knowledge of this event, including the person(s) directing work in progress, be listed.			
Repair or Replacement Options	<input type="checkbox"/>	I would like the City of Warrenville to repair or replace my mailbox with an "in kind" mailbox.		
	<input type="checkbox"/>	I will/have installed my own replacement mailbox and would prefer to be reimbursed the amount (not to exceed \$100.00) designated on the attached receipt(s).		
	<input type="checkbox"/>	I will/have repair/replace my mailbox and want a record of this on file.		

I understand that if the City deems my mailbox damage to have been caused by a City snowplow I may choose to have my mailbox repaired or replaced by the City or be reimbursed for the cost of my repair/replacement "in kind" mailbox in an amount not to exceed \$100. I further understand that I have 30 days from the date of the damage to request repair/replacement/reimbursement of my mailbox.

Report Date _____ Reported by _____ Signature _____