

**\*DATE CLAIM WAS RECEIVED:** \_\_\_\_\_  
**(ONLY TO BE COMPLETED BY THE LOCAL GOVERNMENT CLAIM IS PRESENTED TO)**

**WYOMING LOCAL GOVERNMENT - NOTICE OF CLAIM**

**THIS CLAIM FORM MAY BE RETURNED IF ALL REQUIRED SECTIONS (\*) ARE NOT COMPLETED.**

The following claim is submitted as an itemized written claim in accordance with the Wyoming Governmental Claims Act (W.S. 1-39-113). **NOTE: This claim form is to be completed by the claimant, signed in the presence of a notary public, and submitted to the governmental entity that your claim is against.**

**\*GOVERNMENTAL ENTITY NAME** that you are filing a claim against; i.e., the city, town, county, special district, etc. (if known, include the name of the Department and employee involved in incident)

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

**\*CLAIMANT INFORMATION: (MUST BE OWNER OF DAMAGED PROPERTY) NOTE: If a minor is involved (under 18), the parent or guardian must complete and sign the claim form and state they are doing so on behalf of the minor.** Please enter business name and address if property of business was damaged:

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Providing a phone number and email address may expedite your claim.

Cell: \_\_\_\_\_ Other Daytime Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

NOTE: GOVERNMENTAL CLAIM FILES ARE CONFIDENTIAL BY STATE STATUTE.

**Physical Address (if different from mailing address)**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*DATE AND TIME OF LOSS** (if unknown, please state date of discovery):

Date: \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_ PM \_\_\_ (Check one)  
(Month, Day, Year) **Please note that noon is 12:00 P.M.**

**\*SPECIFIC LOCATION OF LOSS OR INJURY:** (Where did the incident occur?):

Address/Street/Hwy \_\_\_\_\_

City/Town/Building \_\_\_\_\_ State \_\_\_\_\_

**\*PLEASE DESCRIBE IN DETAIL THE CIRCUMSTANCES OF THE LOSS AND/OR INJURY (YOUR ACCOUNT OF WHAT HAPPENED IS VERY IMPORTANT.)** Additionally, you may submit photos, statements from witnesses, estimates for repair, receipts, or any other information that would support your claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional narrative to this claim form if more space is needed. If there are multiple claimants for one occurrence, each individual claimant must file a "Notice of Claim" form.

**\*AMOUNT OF COMPENSATION OR OTHER RELIEF DEMANDED: \$** \_\_\_\_\_

**DO NOT LEAVE BLANK--PROVIDE AN ESTIMATION IF CURRENTLY UNKNOWN**

*(valid documentation will be required at a later date to support your demand if estimated.)*

**Are you represented by an attorney in this matter? Yes \_\_\_ No \_\_\_**

Name of attorney: \_\_\_\_\_

(The liability pool staff can only communicate directly through the attorney if represented by legal counsel)

This "Notice of Claim" form is provided only for the information and convenience of the claimant. The claimant is responsible for completing the form properly and accurately in accordance with the statutory requirements and presenting it to the proper entity. The governmental entity, which provided this form, makes no representations as to the sufficiency of the form or accuracy of the information provided.

It is the claimant's responsibility to fully comply with all the requirements of the Wyoming Governmental Claims Act (W.S. 1-39-101 through 1-39-120), including the applicable statutory time limits for the filing of your claim and commencement of a lawsuit. Your failure to follow the requirements of the Wyoming Governmental Claims Act may result in your claim being forever barred.

I (We) \_\_\_\_\_, have read and understand the provisions of the false swearing statute. I hereby certify under penalty of false swearing that the foregoing claim, including all of its attachments, if any, is true and accurate and that the claim is in compliance with the signature and certification requirements of Article 16, Section 7 of the Wyoming Constitution.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Claimant

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me, a Notarial Officer (Notary), this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notarial Officer (Notary) \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Seal)