



General Liability Claim Form

1. Complete this form in its entirety. Be thorough and specific.
2. Attach supporting documents (pictures, correspondence, and/or witness statements).
3. Attach insurance agent or attorney name and contact information, if applicable.
4. Sign and date form.
5. Submit or Mail (see address below) to City of Veneta Attn: Risk Management.

Date of Incident _____

Person Making Claim _____

Address of Person Making Claim _____

Phone # of Person Making Claim _____

Description of Incident _____

Describe Injury or Property Damage _____

Location of Incident _____

Witnesses (Include contact information) _____

Why do you feel that the City is responsible for this incident? _____

I declare under penalties for false swearing that to the best of my knowledge the information provided above is true, correct, and complete.

Signature _____

Date _____

FOR CITY USE ONLY

Received By _____

Date _____

1. Review form for completeness. Obtain missing information, if needed.
2. Initial and date above.
3. Make two copies; stamp "COPY" on them.
4. Provide one copy to claimant; Place other copy in appropriate department manager's box.
5. Give original document to Shauna (Risk Management).

The City of Veneta is an equal opportunity employer and provider

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