



## City Recorder's Office

1650 E Stagecoach Run, Eagle Mountain, UT 84005

801.789.6611 • [fkofod@emcity.org](mailto:fkofod@emcity.org) • [lwaters@emcity.org](mailto:lwaters@emcity.org) • [jbates@emcity.org](mailto:jbates@emcity.org)

# PROCEDURE FOR FILING A CLAIM

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Under Utah law, an injured party, or the owner of damaged property, or their legal representative must properly file a Notice of Claim against a governmental entity in order for a loss to be considered. A claim must include a brief statement of the facts, the nature of the claim asserted and the damages as far as they are known. The written claim must be signed, dated and submitted to the correct address or email addresses for the entity against which the claim is being made (see [UTAH CODE ANN. § 63G-7-401](#)). While use of this form is not required, it is provided as a tool to assist the public in meeting the above requirements.

Please complete all of the pertinent parts of the attached claim form, add your signature and signature date, then submit the claim as instructed below. You may attach additional documentation to your Notice of Claim such as photos, estimates, witness statements and the like; however, these items can be submitted later in the claim process.

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**Email your claim to:**

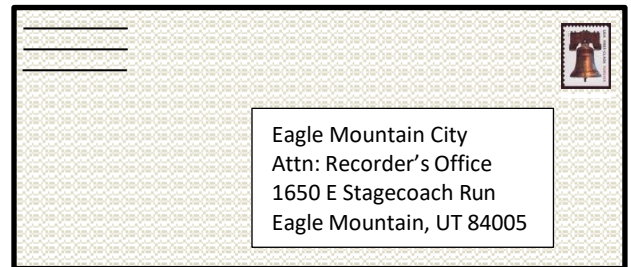
[recorder@emcity.org](mailto:recorder@emcity.org)

or

[lwaters@emcity.org](mailto:lwaters@emcity.org)

Or

**Mail your claim to:**



### Additional Instructions

1. Processing: Once your claim is received, an adjuster will be assigned, and they will contact you. Processing may take some time. It is your responsibility to mitigate your damages. For questions, please call (800) 842-6172.
2. Medicare Eligibility: Federal law requires all entities that are responsible to pay for medical treatment, or who settle bodily injury claims for eligible individuals, to report the obligation and settlements to Medicare. Reporting is required for the following individuals:
  - Current Medicare beneficiaries, and
  - Individuals who may be Medicare eligible within the next 30 months because they are: 62 ½ years old, have applied for SSDI, or have End Stage Renal Disease.

If you fit into one of these categories and are filing a claim for injuries, you will be required to furnish additional information in order to process your claim.

This procedure and use of this form for filing a claim is not to be construed as a waiver of any provision of the Utah Governmental Immunity Act. Submission of this Notice of Claim form does not guarantee compliance with the Act ([UTAH CODE ANN. § 63G-7-101](#)).



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## NOTICE OF CLAIM FORM

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### ***Your Information***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

### ***Loss Information***

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Location: \_\_\_\_\_

Your Vehicle (if applicable): \_\_\_\_\_  
Year Make Model

### ***Law Enforcement Information (if applicable)***

Agency: \_\_\_\_\_ Case Number: \_\_\_\_\_

City Employee Involved (if applicable/known): \_\_\_\_\_

City Vehicle (if applicable): \_\_\_\_\_  
Year Make Model License Plate

### ***Your Insurance Information***

Insurance Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Have you filed a claim with your insurance?  Yes  No Claim Number: \_\_\_\_\_

*Continued on Next Page*

Description of Incident:

Damages Incurred:

Injuries Incurred:

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Claimant's Signature

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Date

***IMPORTANT! Unsigned Claim Forms are not compliant and will not be processed (see [UTAH CODE ANN. § 63G-7-401](#)).***