Notice of Claim

Against the City of Murphy

Personal Injury or Property Damage

E-mail this completed form to:
humanresources@murphytx.org

OR

Mail/Return in-person this completed form to:
Human Resources Department
206 N Murphy Rd.
Murphy, TX 75094

Name:	
Street Address:	
City, State, Zip:	
Phone: (home)	(work)
Date of Incident:	Time of Day:
Location of Incident:	
Total Amount of Claim:	

Describe in your own words where, when, and how the damage or injury occurred. Attach additional pages if necessary. Give names and addresses of others involved (if applicable). Attach copies of any repair bills, estimates, medical bills, etc. Claim must be filed not later than six months after the date the incident giving rise to the claim for damage or injury occurred.

All of the statements made in this claim are true and correct to the best of my knowledge.

Date: Claimant Signature: