

Town of Crested Butte - NOTICE OF CLAIM

1. Name & Address of Injured Party, Owner of Property, or Representative of Deceased : Email Address:	Home Phone:	Work Phone:
2. Location of Occurrence:		
3. Date:		4. Time:
5. Name of Town Employee or Department Involved (if known):		
6. Describe Town Vehicle/Equipment Involved (if any)?		
7. Describe Injury or Property Damage and How It Occurred: (use additional sheet if necessary)		
8. Describe Property: (Type, Model, etc.)	9. Estimated Monetary Damages (attach copies of bills): \$	10. Where can Property Be Seen?
13. Police Notified: ____Yes ____No Case No.:		
14. Witness(es):	15. Phone Number(s):	
16. Signature of Claimant(s):		

Please send form to: Town of Crested Butte, Finance Office, PO Box 39, Crested Butte, CO 81224