

**TORT CLAIM NOTICE**

- 1. Name of Claimant \_\_\_\_\_
- 2. Address of Claimant \_\_\_\_\_
- 3. Phone Number of Claimant (\_\_\_\_) \_\_\_\_\_
- 4. Date/Time of Loss \_\_\_\_\_
- 5. Location of Loss \_\_\_\_\_
- 6. Description of Circumstances Bringing About Loss \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Extent of Loss Being Claimed \_\_\_\_\_
- 8. Names of All Persons Involved Including Witnesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9. Amount of Damages Being Claimed \_\_\_\_\_
- 10. Residence of Person Making Claim at Time of Loss \_\_\_\_\_  
\_\_\_\_\_
- 11. Residence of Person Making Claim Currently \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TORT NOTICE MUST BE FILED WITH CITY OF CARMEL, INDIANA, WITHIN 180 DAYS AFTER THE LOSS OCCURS. THIS NOTICE MUST BE DELIVERED IN PERSON OR BY CERTIFIED MAIL TO:**

**City of Carmel, Indiana  
Department of Law  
One Civic Square  
Carmel, Indiana 46032  
Phone: (317) 571-2472**