Date Received: _____

Received By: _____

CLAIM FORM

Pursuant to the governance of W.S. § 1-39-113 and the Wyoming State Constitution, Article 16, Section 7, the following claim is made **under the penalty of false swearing**. All claims must be filed within two (2) years of the alleged act, error or omission. Complete form in its entirety and submit to the appropriate governmental entity.

1. Name of Governmental Entity: _____

2. Claimant name: _____

   Mailing address: _____

   City, State, Zip Code:_____

   Physical address: _____

   City, State, Zip Code:_____

   Claimant Phone #: _____ Email address: _____

3. If above claimant is a business or insurance company:

   Contact/Representative name: _____

   Name of Insured:_____ Claim Number:_____

4. Name, address and phone number of attorney, if represented regarding this claim:

   _____

   _____

5. Date of Occurrence:_____ Time of Occurrence:_____ AM / PM

6. Location of occurrence (include as much information as possible):_____

   _____

   City or Town: _____ In Near _____ (miles to/from)

   Highway or Street Name:_____

7. Amount of compensation or other relief demanded:_____

   _____

   (Attach relevant documentation that supports your claim; 2 estimates <u>and</u> proof of ownership are required for property damage)

Revised July 2015

8. Please provide a complete description of the accident or occurrence. Include as much detail as possible, with applicable supporting documentation attached.

_____

_____

_____

_____

_____

_____

8. Name of Public Employee involved, if known: _____

This "Claim Form" is provided for the information and convenience of the claimant. The claimant is wholly responsible for completing this claim form properly and accurately, and in accordance with statutory requirements. The claimant is further responsible for presenting this claim form to the proper government entity. Neither the government entity providing this claim form nor its agents or assignees, including the Wyoming Association of Risk Management (WARM), make any representations as to the legal sufficiency of this claim form or the accuracy of the information provided herein.

All personal information provided herein shall be utilized only for purposes of processing this claim and in accordance with all Wyoming and federal laws.

The government entity hereby explicitly reserves any and all rights to deny this claim upon any legal basis, including, but not limited to, the insufficiency and timely filing of this claim form. The claimant should seek the advice of private counsel for legal advice.

I, (*please print*) _____ have read and understand the provisions of the false swearing statute. I hereby certify under penalty of false swearing and subject to the governance of W.S. § 6-5-303, and its penalties, that the foregoing claim form and any attachment(s) are true and accurate.

_____ _____

Claimant Signature Date

STATE OF WYOMING)
)SS
COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____ , 2015.

Notary Public (signature): _____