



The City of
East Point
Georgia

REPORT AND PROOF OF CLAIM CITY OF EAST POINT

Name of Claimant: _____ Date: _____
(Individual or Business)

Home/ Business Address: _____

Home/ Business Phone: _____ Cellular Phone: _____

Type of Claim: Property Sewage Electrical Automobile Potholes Other

If other, please explain: _____

Date of Incident: _____ **Amount of Claim: \$** _____

Give Description of Claim *(include date, time and location)* _____

Name of Witness (if any) _____

Name of person completing this report if not the Claimant: _____

Signature of Claimant or person completing report: _____

The City of East Point does not admit that it is liable in any respect and this report and proof is required for the purpose of enabling said City to more accurately and intelligently investigate said Claim with as little delay as possible. As the Claimant, you must retain the damaged item for inspection by City personnel or an insurance adjuster if an inspection is deemed necessary. Further, additional information as to the age, condition, purchase price and place of purchase, may be required to resolve your claim. Should additional information be required to process your claim; a representative from the appropriate City Department will contact you.

When this form is completed, please return to:

Stephanie S. Tigner
Office of the City Clerk
1526 East Forrest Ave
Suite 400
East Point, GA 30344
(404) 270-7001 - phone
(404) 765-1014 - fax
cityclerkstaff@eastpointcity.org