



JEROME PRINCE
Mayor

CITY OF GARY
Law Department
401 Broadway, 1st Fl, Ste. 101
Gary, Indiana 46402
(219) 881-1400/(219) 881-1362 Fax

TRENT A. MCCAIN
Corporation Counsel

February 2015

NOTICE

This Notice of Claim must be filled out within 180 days from the date of the alleged incident. **Claimant must satisfy evidentiary requirements.** **EACH NOTICE OF CLAIM must include** your registration, driver's license, pictures, reports and any other form of proof needed to establish you are the owner of the said property and the extent of damage you are claiming. Your pictures must include close-ups and a wide-angle shot putting the damaged item in perspective to the alleged cause of the loss. Also, you will need a minimum of two (2) estimates before any investigations begin.

Approval of denial of claim by government entity 34-13-3-11

Within ninety (90) days of the filing of a claim, the city shall notify you in writing of its approval or denial of the claim. A claim **denied** if the city fails to approve the claim in its entirety within ninety (90) days, unless the parties have reached a settlement before the expiration of the period. Upon completion of the investigation, we will either accept or deny your claim based upon the city's investigation of your evidence and the surrounding facts.

If further information is needed you may contact the Law Department at the above number.

Trent A. McCain
Corporation Counsel

NOTICE OF CLAIM

DATE: _____

PHONE NUMBER(S): _____

(CLAIMANT)

VS.

CITY OF GARY, A MUNICIPAL CORPORATION

TO: TRENT A. MCCAIN
CORPORATION COUNSEL
401 BROADWAY, 1ST FLOOR
GARY, IN 46402

Pursuant to Indiana 34-13-3-8 and Indiana Code 34-13-3-10, you are hereby notified that the above-named Claimant(s) has(ve) a cause of action against the City of Gary for damage sustained to property and the following information is hereby being furnished pursuant to the above-named statutes.

NAME OF CLAIMANT(S):

CURRENT ADDRESS:

ADDRESS AT THE TIME OF OCCURRENCE:

STATEMENT OF CIRCUMSTANCES:

WHEN: _____ TIME: _____ MONTH: _____ DAY: _____ YEAR: _____

WHERE: _____

EXPLAIN: _____

EXTENT OF INJURIES:

Property damage: YES _____ NO _____ If yes, what is the amount? _____

Personal damage: YES _____ NO _____ If yes, what is the amount? _____

Personal injury/ YES _____ NO _____ If yes, what is the amount? _____

Medical expenses:

NAMES OF ALL PERSONS INVOLVED: (IF KNOWN)

ATTENTION

Any person who knowingly, and in bad Faith, files a claim, which is frivolous, groundless, or unreasonable, may be held liable for attorney's fees incurred by the City regarding the claim. Furthermore, the City may bring an action against a claimant for abuse of process.

SIGNED: _____

(CLAIMANT(S))

A copy of the above-referenced Notice of Claim was received this _____ day of _____, 202_.

OFFICE OF THE CORPORATION COUNSEL

By: _____