



## CITY OF KILLEEN NOTICE OF CLAIM

Receipt of this form is not an admission or acceptance of liability by the City of Killeen.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of incident:  Auto  Property  Personal Injury  Other: \_\_\_\_\_

If personal injury, who was injured? \_\_\_\_\_

Describe incident in detail. (Use additional paper if needed).

Date when incident happened? \_\_\_\_\_

Address or location where incident happened? \_\_\_\_\_

Police report number (if known): \_\_\_\_\_

Names, addresses and phone numbers of any witnesses:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- ATTACH UP TO THREE REPAIR ESTIMATES AND PHOTOS OF AUTO OR PROPERTY DAMAGE.
- ATTACH ALL AVAILABLE MEDICAL BILLS FOR INJURIES.

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**ALL OF THE STATEMENTS MADE IN THIS NOTICE OF CLAIM FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**INSTRUCTIONS:**

- Complete both page of the Notice of Claim form.
- Be sure to sign and date page 2 of this form.

Submit completed form and supporting documents via one of the following options:

Email: [claims@killeentexas.gov](mailto:claims@killeentexas.gov)  
Mail: Human Resources, Attention: Claims Specialist  
PO Box 1329, Killeen, TX 76540  
Hand Deliver: Human Resources, Attention: Claims Specialist  
718 N 2nd Street, Building H, Suite B, Killeen, TX 76541  
Fax: 254-501-7688  
Questions: 254-501-7684

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**\*Per Texas Tort Claims Act, Chapter 101 all documents pertaining to a claim against the City of Killeen must be submitted no later than six (6) months from the date of incident.**