



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, VIDEO AND/OR PHOTOS IN (.JPG) FORMAT THAT ARE RELATED TO THIS CLAIM.**
- **ATTACH ALL AVAILABLE MEDICAL BILLS FOR INJURIES.**

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

Signature

Date

INSTRUCTIONS:

- Complete both pages 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
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.**