



DATE RECEIVED BY TOWN: _____

DATE MAILED: _____

EMPLOYEE STATEMENT ENCLOSED: _____

NOTICE OF CLAIM

The following claim is submitted as an itemized written claim in accordance with the Wyoming Governmental Claims Act (W.S. 1-39-113 (a) (b). Claim is submitted to:

**Town of Jackson
P.O. Box 1687
150 E. Pearl Avenue
Jackson, WY 83001**

PLEASE PRINT CLEARLY OR TYPE

1) Name, address and residence of claimant:

Claimant Name: _____

Claimant Address: _____

Claimant Residence (if different than above address): _____

Claimant Telephone Number: _____

Home: _____

Business: _____

2) Date and time of alleged loss or injury: _____

3) Place of the alleged loss or injury: _____

4) Circumstances of the alleged loss or injury: _____

5) Name of the Public employee involved, if known: _____

6) Name of Claimant's representative or attorney, if any:

Claimant's Representative: _____

Claimant's Attorney: _____

7) Amount of compensation or other relief demanded: \$ _____

PLEASE PROVIDE DOCUMENTATION TO SUPPORT YOUR DEMAND

This "Notice of Claim" form is provided only for the information and convenience of the claimant, who is responsible for completing the form properly and accurately in accordance with the statutory requirements and for presenting it to the proper entity. The governmental entity, which provided this form, makes no representations as to the sufficiency of the form or accuracy of the information provided.

The governmental entity expressly reserves the right to deny the claim on any basis, including the insufficiency or timeliness of the claim and that the claimant should consult with legal counsel if they have any questions. It is the claimant's responsibility to fully comply with all the requirements of the Wyoming Governmental Claims Act (W.S. 1-39-101 through 1-39-120) including the applicable statutory time limits for the filing of your claim and commencement of a suit. Your failure to follow the requirements of the Wyoming Governmental Act may result in your claim being forever barred.

I _____ hereby certify that to the best of my knowledge, this is a true and correct claim.

(claimant name)

Claimant Signature _____

Date _____

If additional space is needed, please attach an additional sheet to this claim form. If there are multiple claimants arising out of one occurrence, each claimant needs to complete a "Notice of Claim" form.