



Donald L. Plusquellic
Mayor

DEPARTMENT OF LAW
202 Ocasek Government
Office Building
161 South High Street
Akron, Ohio 44308-1655
(330) 375-2030 FAX (330) 375-2041

CHERI B. CUNNINGHAM
Director of Law

Re: Your Claim Against The City of Akron

Dear Claimant:

Enclosed is the claim form you requested. Please be advised that only the property owner may file a claim. Please provide the requested information that applies to your claim. If a requested item does not apply to your claim, mark that item "N/A."

For property damage claims, you must submit at least two (2) written estimates or replacement of the items. If the items have been repaired or replaced, receipts must be submitted.

Please be advised that on property damage claims, if you have insurance, you must submit proof of your deductible and any other amounts not covered. This information must be submitted whether or not you choose to make a claim with your insurance company. If you have attempted to submit a claim to your insurance company that has been denied or your policy excludes coverage for the loss that you incurred, written proof of the denial or exclusion must be submitted. Ohio law specifies that the City of Akron is entitled to a set-off for the amounts you are entitled to receive from your insurance company. Therefore, if your claim is determined to be valid, the claim will be limited to the amount of your insurance deductible plus any other amounts not covered by insurance.

Upon receipt of the completed form, an investigation will be conducted. After the investigation is complete, it may be necessary to schedule a claims hearing to resolve the matter. If a hearing is scheduled, you will be notified by mail at least two (2) weeks prior to the hearing date. You may attend the hearing or send an authorized representative to appear in your place.

Should you have any questions regarding your claim, please contact the Claims Agent at (330) 375-2030.

Director of Law

**CITY OF AKRON
Department of Law
Claims Form**

OFFICE USE ONLY
DO NOT WRITE IN THIS AREA

Claim No.: _____

TYPE OF CLAIM

___ AFD	___ APD
___ Engineering	___ Highway
___ Sanitation	___ Sewer
___ Water	___ Cust. Serv.
___ Health	___ Parks
___ Plans & Per.	___ Rec.
___ Water Dist.	___ Traf. Eng.
___ Other: _____	

(Please Type or Print All Information)

1. GENERAL INFORMATION

Name: (Mr. Mrs. Ms.) _____

Spouse's Name: _____

Address: _____
Number and Street City and State Zip Code

Home Phone: _____ **Work Phone:** _____

Employer: _____

Date of Incident: _____ **Approximate Time of Incident:** _____

Exact Location of Incident: _____

Total Amount of Claim: _____

2. MEDICAL EXPENSES: (Be sure to enclose copies of medical bills)
DOCTOR/HOSPITAL (Include addresses).

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____

3. **DESCRIPTION OF COMPLAINT: (Be specific and use additional sheets if needed. If applicable, include a license plate number).**

4. **PROPERTY DAMAGE: (Must submit two written estimates and/or receipts, if applicable).**

ITEM	AGE OF ITEM	DAMAGE AMOUNT
-------------	--------------------	----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **INSURANCE COVERAGE FOR PROPERTY DAMAGE CLAIMS: YES _____ NO _____**
(Please check one)

If yes, you must submit proof of your deductible and any other amounts not covered. This must be submitted whether or not you file a claim with your insurance company.

Name of Carrier: _____

Address: _____

Phone No.: _____

Deductible and other amounts not covered: _____

Pursuant to Ohio Revised Code Section 2744.05, the City of Akron is entitled to a set-off for the amounts you are entitled to receive from your insurance company. This means that the only part of your claim that will be considered is the amount of your insurance deductible and any other amount not covered by insurance whether or not you choose to file a claim with your insurance company. Therefore, you must submit written verification from your insurance company of your deductible and any other amount not covered.

6. WITNESS NAME(S)	ADDRESS/CITY/STATE	PHONE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use an additional sheet if needed.)

7. ARE YOU AWARE OF ANY OTHER PERSON(S) WHO MAY BE RESPONSIBLE? IF SO, GIVE THE NAME AND ADDRESS OF THE PERSON(S).

Name	Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. DID YOU REPORT THIS INCIDENT TO ANY PERSON(S) WORKING FOR THE CITY OF AKRON? IF SO, TO WHOM?

NAME	DEPARTMENT	PHONE NO.	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. ARE YOU INVOLVED IN ANY OTHER CLAIM(S), LAWSUIT(S), OR DISPUTE(S) WITH THE CITY OF AKRON? IF SO, PLEASE GIVE DETAILS.

CASE/CLAIM NUMBER	COURT/OFFICE	DATE FILED
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. IS THIS CLAIM CURRENTLY BEING BROUGHT IN ANY OTHER COURT/OFFICE OR HAS IT BEEN IN THE PAST? IF SO, PLEASE GIVE DETAILS.

CASE/CLAIM NUMBER	COURT/OFFICE	DATE FILED
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. ARE YOU CURRENTLY INDEBTED TO THE CITY OF AKRON? IF SO, PLEASE GIVE DETAILS.

SIGNATURE OF OWNER

WITNESS TO OWNER'S SIGNATURE

PRINTED NAME

PRINTED NAME

DATE

DATE