

IMPORTANT INFORMATION ABOUT FILING A POTENTIAL CLAIM WITH THE CITY OF PARMA

All State and local governments, including the City of Parma, are vested with statutory sovereign immunity. Sovereign Immunity, with certain exceptions, precludes recovery against cities.

Please see Ohio Revised Code Chapter 2744 for further details. You can review this chapter from a link at the City of Parma website at www.cityofparma-oh.gov/cityhall/law.aspx

YOU ARE ADVISED TO CONTACT YOUR HOMEOWNER'S INSURANCE COMPANY FIRST TO MAKE A CLAIM.

ANY CLAIM SUBMITTED TO THE CITY OF PARMA WILL FIRST BE INVESTIGATED BY THE CITY SERVICE AND/OR ENGINEERING DEPARTMENT. DUE TO THE HIGH VOLUME OF CLAIMS, THIS MAY TAKE AN EXTENDED PERIOD OF TIME TO INVESTIGATE AND PROCESS THE CLAIM.

**CITY OF PARMA
PROPERTY DAMAGE CLAIM FORM**

Name _____ Birth Date _____

Address _____ Home Phone _____

_____ Work Phone _____

Employer _____

Date of Incident _____

Location of Incident _____

If incident location is your residence, # of years you have resided at this location _____

Who else resides at the residence _____

In your own words, provide a detailed description of the incident *(Please attach additional sheets if necessary)*

Cause of Damage _____

Has the incident occurred previously? If so, provide the date(s). _____

Date City was first contacted concerning incident _____

How was it reported to the City _____

Name of City employee to whom you spoke _____

Name of Homeowner's Insurance _____

Policy No. *(please attach Declaration's Page of policy)* _____

Telephone No. of Homeowner's Insurance _____

Deductible Amount _____

Has your claim been submitted to your insurance company _____

Date of submission _____

What is the result of your claim _____

(If your claim involved a sewer problem and you hired a plumber, please attach the bill and provide the dates the sewer supervisor performed inspections)

I attest that the above information is true and correct to the best of my knowledge and belief.

Signature _____ Date _____

**Please complete the Itemized Property Damage Claim Form
on the opposite side**

Office Use Only
Date submitted to City:
Date referred to Service/Engineering:
Date of completed investigation:
Date completion of claims process:



