

# CLAIM INFORMATION SHEET

## **PLEASE READ THE FOLLOWING INSTRUCTIONS COMPLETELY BEFORE COMPLETING THE NOTICE OF CLAIM FORM.**

- (1) The Notice of Claim form must be completed in its entirety and returned to the City of Lewisville. The form should be sent to the attention: City Secretary, City of Lewisville, 151 W. Church St., Lewisville, TX 75057. Your claim must be presented within 180 days of the occurrence.
- (2) The receipt of a Notice of Claim form against the City is not an admission by the City of Liability for the alleged damage or injury, nor is it a promise to pay for the injury or property damage. Once the claim form is received, it will be forward to the City's Claims Adjuster, Texas Municipal League will contact you at the address and phone listed on the Notice of Claim form. Every effort will be made to handle your claim as quickly as possible.
- (3) The receipt of proper documentation to substantiate your claim will allow the fastest handling of your claim. Types of documentation that may be requested include:
  - (a) Medical reports/medical statements;
  - (b) Fully itemized estimate of damages; and or repairs
  - (c) A complete description of damage property including
  - (d) Photographs (if available)
  - (e) Witness statements; and
  - (f) Police reports (if applicable).

**The provision of any of the information listed above does not guarantee the payment of your claim. Texas Municipal League will review all claims in relation to the Texas Tort Claims Act and other applicable law and determine claim liability. City staff does not determine claim liability.**

- (4) Your claim is not considered submitted, nor proper notice received, unless the attached Notice of Claim form and City Charter Provision Notice are properly completed and signed, or unless the same information is submitted in a letter format. Speaking to any City employee or a letter without all the requested information does not serve as proper notice.
- (5) If you need additional information regarding the claim filing process, please contact the Human Resources Department at (972) 219-3449

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**City of Lewisville**

**Notice of Claim**

**City Charter Provision Notice**

Section 11.06. Special provisions covering damage suits, etc.

a. The City of Lewisville, Texas, shall never be liable for any personal injury, whether resulting in death or not, unless the person injured, or someone in his behalf, or, in the event the injury results in death, the person or persons who may have a cause of action under the law by reason of such death injury, shall file a notice in writing with the City Manager or City Secretary within one hundred eighty (180) days after the occurrence of such injury, stating specifically in such notice, when, where, and how the exact injury occurred, and the full extent thereof, together with the amount of damage claimed or asserted. The City of Lewisville, Texas, shall never be liable for claim for damage or injury to personal property unless the person whose personal property has been injured or damaged, or someone in his behalf, shall file a claim in writing with the City Manager or the City Secretary within one hundred eighty (180) days after said damage or injury has occurred, stating specifically when, where, and how the injury or damage occurred and the full extent thereof, and the amount of damage sustained.

b. The City of Lewisville, Texas, shall never be liable for any claim for damage or injury to real property caused by the negligent act or omission of its officers, servants, or employees, unless the person whose real property has been injured or damaged, or someone in his behalf, shall file a claim in writing with the City Manager or City Secretary within one hundred eighty (180) days after said damage or injury has occurred, stating specifically when, where, and how the injury or damage occurred, and the amount of damage claimed. The City of Lewisville, Texas, shall never be liable on account of any damage or injury to person or to personal property arising from or occasioned by any defect in any public street, highway, alley, grounds or public work of the City of Lewisville, Texas, unless the specific defect causing the damage or injury shall have been actually known to the City Manager at least twenty-four (24) hours prior to the occurrence of the injury or damage, and proper diligence has not been exercised to rectify the defect. The notice herein required to be given to the City Manager or the City Secretary of the specific defect causing the damage or injury shall apply where the defect arose from any omission of the City itself, through its agents, servants or employees, or acts of third parties.

c. No provision of this section shall ever be so construed as to expand the ordinary liability of the City; and provided, that nothing herein contained shall be construed to mean that the City of Lewisville, Texas, waives any rights, privileges, defenses or immunities in tort actions which are provided under the common law, the constitution, and general laws of the State of Texas.  
(Amend. elec. 5-5-8)

**State law reference**-Tort claims, notice, V.T.C.A., Civil Practice and Remedies Code §101.101.

I have read the above provision of the City of Lewisville Charter.

Date: \_\_\_\_\_ Signature of Claimant: \_\_\_\_\_

**NOTICE OF CLAIM  
AGAINST THE CITY OF LEWISVILLE**

**PERSONAL INJURY - PROPERTY DAMAGE**

**CLAIMS MUST BE FILED WITHIN 180 DAYS OF  
THE INJURY OR PROPERTY DAMAGE WITH:**

**CITY SECRETARY  
CITY OF LEWISVILLE  
151 W. CHURCH ST.  
LEWISVILLE, TX 75057  
FAX NUMBER: (972) 219-5005**

**BOTH SIDES OF THIS FORM MUST BE COMPLETED**

Please type or print

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Date / Time of Incident: \_\_\_\_\_

Auto Insurance Company \_\_\_\_\_ PH# \_\_\_\_\_

Home Owner Insurance Co. \_\_\_\_\_ PH# \_\_\_\_\_

Location of Incident: \_\_\_\_\_

(be specific)

\_\_\_\_\_  
\_\_\_\_\_

The total amount of your claim against the City is \$ \_\_\_\_\_

