

TO THE CITY CLERK OF THE CITY OF MUNCIE, INDIANA

In accordance with I.C. 34-4-16.5-1 through 18, you are hereby notified that I intend to hold the City of Muncie, Indiana liable for damages arising out of the following accident:

Name, Address, and Phone Number of Claimant:

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Date of Accident: \_\_\_\_\_

Exact Location: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

Nature & Extent of Loss, injury or damage: \_\_\_\_\_

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Expenses: (itemized amounts, to whom paid, attach copies of estimates and paid receipts)

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Witnesses: (Name, address & telephone numbers of any witness)

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Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

1. This Notice must be served in person upon the Clerk of the City of Muncie or mailed to the Clerk by registered mail with return receipt, within 180 days after occurrence.
2. Note: This form is NOT a claim. It is just a preliminary notice, required by law, that you may file a claim later. The City is not required to take any action in response to this notice.
3. This Notice MUST be filed in duplicate if you wish to have a file stamped copy. Copies can be provided at \$1.00/page.
4. The City of Muncie, Indiana, takes no responsibility whatsoever on the completeness of this form or as to whether it contains the statutory requirements for notice of claim against a municipality. It is prepared and supplied solely to provide uniformity and for the convenience of the claimant.

Note: Use reverse side where space is insufficient.