



# CITY OF LEAGUE CITY Notice of Claim Form



Completed forms should be submitted via mail, fax or email to:

Human Resources Department  
300 W. Walker Street  
League City, TX 77573  
Fax: 281.554-1012 Office: 281.554-1011  
Email: [hr@leaguecitytx.gov](mailto:hr@leaguecitytx.gov)

For Office Use: File No.

<b>Today's Date:</b>	
<b>Name: Last, First:</b>	
<b>Street Address:</b>	<b>Phone:</b>
<b>City, State, Zip:</b>	<b>Alt Phone:</b>
<b>E-Mail (optional):</b>	

<b>Date of Incident:</b>	<b>Estimate your total loss \$ (optional):</b> (Attach receipts/quotes, if any)	
<b>Time of Incident:</b>	<b>Police Case # (if applicable):</b>	
<b>Address where incident took place:</b>		
<b>Location of vehicle if involved:</b>	<b>Make/Year/Plate No.</b>	<b>Insurance Agency Name &amp; Policy No.</b>

Please use the space below to describe your claim/incident. It is important to clearly state your claim in your description. Use additional pages if needed. (Attach any supporting documentation, repair estimate/pictures etc.)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

This claim form will be sent to the City's insurance company, Texas Municipal League Intergovernmental Risk Pool (TML-IRP). Please allow at least 10 days for an insurance representative to contact you. Should you have any questions regarding your claim prior to being contacted by TML, you may contact the Human Resources Department, City of League City, 281-554-1011.

**\*\*Acceptance of this claim by the City does not indicate that the city has accepted liability; (TML-IRP) will evaluate, investigate, and submit a decision based on the investigation.**