

CLAIM #

AUTOMOBILE LIABILITY
AFFIDAVIT OF CLAIM

Jefferson County, Alabama
Risk Management Division, Room 270
716 Richard Arrington, Jr. Blvd. N
Birmingham, Alabama 35203

Claimant's Name: _____ Home Phone: _____

Address: _____
Street City Zip Code

Place of Employment: _____ Work Phone: _____

Social Security Number: _____ Driver's License Number: _____

Date of Birth: _____ Federal Tax ID Number (If Applicable): _____

Date of Incident: _____ Time: _____

Location of Incident (If Different from Address Listed Above): _____

Name of County Employee, Vehicle or Equipment Involved in the Incident: _____

Details of Auto Incident and why You Believe County is Liable: _____

Details of Injury or Property Damage (If Applicable): _____

Was Auto Incident Reported to Police? _____ Case Number: _____

State the amount of your claim in dollars and attach supporting documentation: \$ _____

I have submitted a separate itemization of damaged claimed, as required by Title 11-12-5, Code of Alabama, 1975, and I hereby swear under a penalty of perjury that the above statements and attachment(s) hereto are true, correct and complete.

Affiant – Claimant Signature

Sworn to and subscribed to me on this _____ day of _____, 20____

(Notary Public)

SEAL

My Commission Expires: