



For office use only

Date Town Received Claim: _____

Date Mailed: _____

Employee Statement Enclosed: _____

NOTICE OF CLAIM

The following claim is submitted as an itemized written claim in accordance with the Wyoming Governmental Claims Act (W.S. 1-39-113(a) (b)). Claim is submitted to:

**Town of Jackson
P.O. Box 1687
150 E. Pearl Avenue
Jackson, WY 83001**

Name, address and Phone number(s) of claimant: _____

Date and time of loss: _____

Location of loss or injury: _____

Description and circumstance of loss or injury: _____

If additional space is needed, please attach an additional sheet to this claim form. If there are multiple claimants arising out of one occurrence, each claimant needs to complete a "Notice of Claim" form.

Name of the town employee involved, if known: _____

Name of Claimant's attorney, if any: _____

Amount of damages demanded: \$ _____

(Provide documentation to support your demand)

Local Government Liability Pool

Notice of Claim

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This "Notice of Claim" form is provided only for the information and convenience of the claimant, who is responsible for completing the form properly and accurately in accordance with the statutory requirements and for presenting it to the proper entity. The governmental entity, which provided this form, makes no representations as to the sufficiency of the form or accuracy of the information provided.

The governmental entity expressly reserves the right to deny the claim on any basis, including the insufficiency or timeliness of the claim and that the claimant should consult with legal counsel if they have any questions.

It is the claimant's responsibility to fully comply with all the requirements of the Wyoming Governmental Claims Act (W.S. 1-39-101 through 1-39-120), including the applicable statutory time limits for the filing of your claim and commencement of a suit. Your failure to follow the requirements of the Wyoming Governmental Claims Act may result in your claim being forever barred.

I _____, have read and understand the provisions of the false swearing statute. I hereby certify under penalty of false swearing that the foregoing claim, including all of its attachments, if any, is true and accurate and that the claim is in compliance with the signature and certification requirements of article 16, Section 7 of the Wyoming Constitution.

I do further certify that no part of the foregoing claims has been paid or incurred by any other source.

Signature of Claimant

Date

Printed Name of Claimant

State of _____)

SS

County of _____)

Subscribed and sworn to before me, a Notarial Officer (Notary), this

_____ day of _____, _____

Notarial Officer (Notary) _____

My Commission Expires: _____

(Seal)