



PROPERTY DAMAGE CLAIM FORM

SUBMIT FORM TO: City of Mason, Customer Service, 201 W. Ash Street, Mason, MI 48854
Phone: 517-676-9155 / FAX: 517-676-1330 Email: info@mason.mi.us

**** If you have only been injured or injured in addition to property damage, you MUST complete the Personal Injury Claim Form****

TO BE FILLED OUT BY CLAIMANT

Full Legal Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

DESCRIPTION OF DAMAGE

In this section, provide as much detail as you can. Please note, **you MUST provide the following:** 1) Photos of the damage; 2) Proof of expense you wish to be reimbursed or at least two (2) estimates of the cost to repair/replace the damages; 3) Your insurance declarations page showing the coverages you have; 4) Your vehicles' insurance, title, and registration (if applicable); 5) Police report or police report number (if applicable). **Failure to provide this information will delay the claim process and could result in a denial of your claim. Please note, providing this information does not guarantee payment to you. The City of Mason and its insurance carrier reviews each claim individually.**

Date of Incident: _____ Time of Incident: _____ AM PM

Did Incident Occur at Home Address: Yes No - If No, then where: _____

Witness to Incident (Name and Number): _____

Did you file a police report: Yes No

Describe in detail what was damaged, include how and why the damage occurred (Use additional paper if needed)

AS PART OF THE CLAIM PROCESS, YOU MUST CONTACT YOUR INSURANCE COMPANY TO VERIFY ANY COVERAGE.

Did you make a claim against your insurance YES NO

If yes, please provide their contact details: _____

Please state the total dollar amount you are claiming from the City of Mason? _____
(You are REQUIRED to provide documents supporting the dollar amount)

CLAIMANT DECLARATION AND SIGNATURE

By signing below, I hereby swear the information provided above and attached to this claim is true and accurate under penalty of law.

Signature: _____ Date: _____

CITY OF MASON USE ONLY

Date Received: _____ Substantiated: YES NO Date Sent to MMRMA: _____

Action Taken: APPROVED DENIED CLOSED Amount Approved: _____

Revised 01.10.2024 (Clerk/HR, CMA)