



*City of Florence, SC*  
**Incident Claim Form**

**Instructions:** Complete this form and return it, along with two (2) damage estimates, to the address listed below. The acceptance of this claim form is NOT an admission of legal liability on the part of the City nor an agreement to pay your claim.

City of Florence  
 Risk Management Department  
 144 East Palmetto Street  
 Florence, SC 29506

Refer questions to:  
 Leah Cooksey, Risk Management  
 Phone: 843-665-3231  
 E-mail: lcooksey@cityofflorence.com

Claimant's Information (Please print)

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Incident Information (Please print)

Date incident occurred: \_\_\_\_\_

Time of day: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Claimed: \$ \_\_\_\_\_

Please attach supporting documents - itemized bills, repair estimates, etc.

If this claim is for property damage, are you the legal owner?                      Yes                      No

If No, please provide the owner's name, address and contact information:

\_\_\_\_\_

\_\_\_\_\_

Claimant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_