



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
324 W. Evans Street
Florence, SC 29501

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: _____