SEDALIA

Let's Cross Paths

CITY OF SEDALIA, MO
INSURANCE CLAIM FORM

Please print the following information:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Date of Loss _____ Time _____ Location _____

Please describe **specifically** the nature of the claim. **Attach additional sheets if needed.**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Are estimates of the repair(s) available: _____Yes _____ No

If yes, please include them with this form.

Signature _____