



Return completed forms to:  
Teisha Wilson, City Recorder  
153 North 100 East  
Lehi, Utah 84043  
twilson@lehi-ut.gov

## NOTICE OF CLAIM FORM

\_\_\_\_\_  
Claimant's full name

\_\_\_\_\_  
Full name of individual completing this Form (including relationship)

\_\_\_\_\_  
Claimant's date of birth

Claim No. \_\_\_\_\_

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

Received By: \_\_\_\_\_

\_\_\_\_\_  
Claimant's home telephone

\_\_\_\_\_  
Claimant's work telephone

\_\_\_\_\_  
Claimant's cell/other telephone

\_\_\_\_\_  
Claimant's address, city, state, and zip code

\_\_\_\_\_  
Date of alleged incident

\_\_\_\_\_  
Time of alleged incident

1. Location of alleged incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Nature of the claim being asserted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Statement of alleged facts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Damages incurred so far as they are known (attach supporting documentation, if available): \_\_\_\_\_

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5. Is the claim being pursued against a governmental employee individually as provided in UTAH CODE ANN. § 63G-7-202(3)(c)?

☐ Yes    ☐ No. If you answered "yes," provide the name of the employee: \_\_\_\_\_

6. Name and contact information of any individual involved in the alleged incident (including any City employee): \_\_\_\_\_

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7. Name and contact information of any witnesses to the alleged incident (including any City employee): \_\_\_\_\_

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8. Name and contact information of any individual who may have an interest in any alleged property damage: \_\_\_\_\_

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9. Is any amount of the alleged damages/compensation covered by an insurance policy? ☐ Yes    ☐ No.    If yes, provide the name and contact information of the insurance company, as well as the applicable policy number: \_\_\_\_\_

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**If the Claimant has any questions about this Form, the alleged incident, or applicable governing laws (including, but not limited to, the Governmental Immunity Act of Utah), the Claimant should contact a qualified attorney. The Claimant is responsible for complying with all such applicable laws. Lehi City does not represent the Claimant's interests in this matter. Completion and submission of this Form does not guaranty that the Claimant will receive payment from Lehi City. Lehi City will make an independent determination of its liability, if any, associated with the alleged incident. Lehi City will provide written notification of its determination to the Claimant within 60 days. If the Claimant does not receive a written notification within 60 days, the claim is considered denied by Lehi City pursuant to applicable Utah law.**

Pursuant to UTAH CODE ANN. § 78B-5-705, the Claimant certifies under criminal penalty of the State of Utah that the information which he/she has provided in response to this Form is true, accurate, and correct to the best of Claimant's knowledge and belief.

\_\_\_\_\_  
Claimant's Signature (or parent, guardian, or other legal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of individual signing this Form on behalf of Claimant

\_\_\_\_\_  
Relationship to Claimant