216 4th Street N, Stillwater, MN 55082
651-430-8800
www.stillwatermn.gov

Process of Filing a Claim Against the City

- ✓ Print out the Claim Form below & sign.
- ✓ Send pictures, estimates, receipts, etc.
- ✓ After we receive your claim we will send it to the City's insurance company McGarry-Kearney, they in turn will send it on to the League of Minnesota Cities who will then call the claimant. You should receive a phone call within two weeks, if not, call the City at 430-8800.
- ✓ The claim form and attachments needs to be mailed to the City of Stillwater, 216 4th Street N., Stillwater, MN 55082, along with any pictures, estimates, receipts, etc.

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CLAIM AGAINST THE CITY

NAME OF CLAIMANT:_____PHONE: _____

ADDRESS: _____
EMAIL ADDRESS:
DATE OF EVENT*: _____

LOCATION OF EVENT: _____

DESCRIPTION OF EVENT – What happened:

_____

_____

_____

_____

_____

WHY DO YOU FEEL THE CITY WAS AT FAULT? _____

_____

_____

_____

STATE THE NATURE OF THE DAMAGE AND THE COSTS ASSOCIATED:

_____

_____

_____

NAME OF PERSON MAKING REPAIR; OR GIVING CARE: _____

_____

_____

_____ _____

DATE SIGNATURE

** You must formally notify the City, in writing, within thirty (30) days of the occurrence of an event whereby you feel you have suffered damages.*