



## NOTICE OF CLAIM WITH THE MINNEAPOLIS PARK AND RECREATION BOARD

Complete each item on this form and send to [claims@minneapolisparks.org](mailto:claims@minneapolisparks.org) or mail to: Minneapolis Park and Recreation Board Claims Division, 2117 West River Road, Minneapolis, MN 55411. The notice of claim must be filed within 180 days of the occurrence, unless the Park Board has actual notice of the occurrence. Your claim must be based on fault or liability of the Park and Recreation Board or its employees.

Name of Claimant:	Phone Number:	Email Address:	
Street Address:	City:	State:	Zip Code:

Incident: Date \_\_\_\_\_ Time-Hour \_\_\_\_\_ ☐ AM ☐ PM

If the claim involves a motorized vehicle, you must include the following:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Place of incident: (Be Specific, i.e., give street address, intersection, direction traveling, side of street, number of feet, direction from curb, etc. Include diagram on another sheet if necessary):

Circumstances (Details of how the incident occurred and how the Park Board is involved):

### WITNESSES:

Name:	Address, City, Zip:	Phone Number:
Name:	Address, City, Zip:	Phone Number:
Name:	Address, City, Zip:	Phone Number:

Compensation \$ \_\_\_\_\_ (Give details as to the nature and extent of the injuries or damages. Attach copies of any bills, estimates or other documents):

If claim is for damages to your automobile or other property, attach two estimates of the cost to repair:

Estimate Number One: \$ \_\_\_\_\_ Estimate Number Two: \$ \_\_\_\_\_

**Your claim will be forwarded to the Minneapolis Park and Recreation Board Claims Division for investigation and processing. For further information call the Claims Dept. at 612-230-6440.**

Signature of person making claim: \_\_\_\_\_ Date: \_\_\_\_\_

**IF MORE SPACE IS NEEDED USE REVERSE SIDE**

ADDITIONAL INFORMATION

ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY