Risk Management & Safety
CITIZEN CLAIM FORM

Complete the following information to the best of your knowledge as this will help expedite consideration of your claim.

SUBMISSION OF A CLAIM DOES NOT GUARANTEE PAYMENT BY THE COUNTY.

Name:	**Home Phone:** ( ) -	**Work Phone:** ( ) -
Address:	**City** **State** **Zip**	
Date of Birth:	**Social Security Number:**	
Date of Incident:	**Time of Incident:** am ☐ pm ☐	**Weather Conditions:**
Location of Incident:		

PROPERTY DAMAGED OTHER THAN VEHICLE

YOUR VEHICLE INFORMATION

COLOR:	
YEAR:	
MAKE:	
MODEL:	
TAG #:	

INJURY INFORMATION

Name of Person Injured:		
Phone: ( ) -		**Cell Phone:** ( ) -
Address	**City,** **State,** **Zip**	
POLICE/SHERIFF REPORT	☐TPD ☐HCSO ☐FHP ☐PC ☐TT	Officer:
AMBULANCE COMPANY		Unit:

WITNESS INFORMATION

1. Witness' Name:	Phone Number(s): Work: ( ) - Home: ( ) -	Address:
2. Witness' Name:	Phone Number(s): Work: ( ) - Home: ( ) -	Address:

DETAILED ACCOUNT OF INCIDENT

SIGNATURE /DATE

This form may be submitted by fax to 813-635-8284 mailed with any invoices, estimate or photos to: Hillsborough County Risk Management & Safety, 601 E. Kennedy Blvd., #26 – Tampa, FL 33602. If you have any questions you may contact us at 301-7052 or 635-8282. **The information on this form is confidential information under Florida Statute 768.28.**