

City of Livonia Damage Claim Form

Claimant's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Incident _____ Time of Incident _____

Location of Incident _____

Insurance Carrier _____

Description of loss or accident (attach Police Report, names and addresses of witnesses, if applicable.)

Description of damaged articles and estimated value of repair cost (if auto accident, two (2) repair estimates must be included.)

Send completed form to: MMRMA Claims Liaison
 Finance Department
 City of Livonia
 33000 Civic Center Drive
 Livonia, MI 48154

Signature of Claimant: _____

(Please include as much information as possible when submitting your claim)