



**CITY OF FRANKFORT**  
**PO BOX 697**  
**FRANKFORT, KY 40601**

**Phone: 502-875-8500**

**Fax: 502-875-8502**

## Citizen's Claim/Accident Form

We are sorry an accident or injury occurred. If it occurred as a result of negligence by the City of Frankfort, please complete and return this form describing the incident. If possible, please submit photos of the damage and documentation of the cost or estimated cost incurred. Claims should be submitted within 10 days of the occurrence or determination of injury. Once received, your form will be submitted to an insurance claims adjuster who will contact you directly.

Please note that property damage resulting from events outside of human control, such as weather events must be filed with your home owner's policy.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Claim/Accident: \_\_\_\_\_

Explanation of Claim/Accident (attach an additional page if needed):

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

Signature

Date