



CITY OF AZTEC Notice of Tort Claim



In order to submit your claim, you must complete this form and submit it to **Aztec City Hall** within **NINETY (90)** days of the occurrence. The Municipality will then forward your claim to the New Mexico Self-Insurers' Fund for investigation and adjustment. You may expect to be contacted by a Fund representative regarding your claim. Please call (800) 432-2036 or (505)982-5573 if you have questions.

To Municipality of: **CITY OF AZTEC**

Claimant: _____ *Date of Birth: _____ *SSN: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Date of Occurrence: _____ Time of Occurrence: _____ AM

PM

Location of Occurrence: _____

Please describe what happened: (continue on blank sheet if necessary)

Witness Name: _____

Phone #: _____

Witness Name: _____

Phone #: _____

Please list all persons and/or property for which you are claiming damages:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

TOTAL AMOUNT OF CLAIM \$ _____

Please attach all estimates, bills, or other information to support the amount of your claim.

Signature

Printed Name

Date

***This information is required by the federal government. No payment can be made without this information.
Please submit your claim to Karla Sayler via email: ksayler@aztecnm.gov**

THIS SIDE FOR MUNICIPAL OFFICIAL USE ONLY

Notice of Tort Received By: _____
Name Title

Date Received: _____ Time Received: _____ AM
 PM

Persons having knowledge of the circumstances surrounding this claim:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Attached are the following reports, statements or other documentation which support our understanding of the facts relating to this claim:

1. _____
2. _____
3. _____
4. _____

Please describe any other information which you feel is pertinent to this claim:

Submitted by:

Signature Printed Name

Title Phone

Upon receipt of this claim, please provide the above information and *immediately* send to:

**New Mexico Self-Insurers' Fund P.O.
Box 846
Santa Fe, NM 87504
(800) 432-2036 or (505) 982-5573 Fax
(505) 820-0670**