

RISK MANAGEMENT FORM



Please send form to:
City of Zephyrhills
Attn: HR/Risk Department
5335 8th Street, Zephyrhills, FL 33542
Phone 813-780-0000 ext. 3520
Fax: 813-780-0066

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 CITY

Name: _____ Home Phone: _____
Work/Cell Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Incident: _____ Time of Incident: A.M. P.M.
Weather/Conditions: _____
Location of Incident: _____

Description of Damage: _____

Your Vehicle Information (if applicable):

Color: _____ Year: _____ Make: _____ Model: _____
Tag No: _____

Injury Information (if applicable):

Name of Person Injured: _____ Phone No(s): _____
Address: _____ City: _____ State: _____ Zip: _____

