City of Orlando

RISK MANAGEMENT DAMAGE CLAIM FORM

PROCEDURE FOR SUBMITTING A CLAIM AGAINST THE CITY OF ORLANDO

AUTHORITY: City Charter 13, Section 40

Phone: Risk Management: 407-246-2255

A brief description of the incident must be written. Please include the exact location; the date and time, police report number if available, and the claimant's home address and telephone number. If estimate or bills are available, they should be included. ***Send this form with any attachments to:***

To:
City Clerk
City of Orlando
400 South Orange Ave
Orlando, FL 32801
407-246-2251

From (Claimant):
Name (Print): _____
Address: _____
City: _____State: _____
Zip: _____
Phones #: _____

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_____ _____
Claimant Signature Date

Any person who, knowingly and with intent to injure, defraud, or deceive any employer, employee, insurance company, or self-insured program, files a statement of claim containing false or misleading information commits insurance fraud, punishable as provided in FS. 817.234.