City of Ridgeland

CLAIM FORM

I hereby make claim against the City of Ridgeland, and request that the Mayor and Board of Aldermen approve payment to me, and in support of my claim, I submit the following information:

NAME: _____

ADDRESS: _____

_____ _____ _____
City State Zip

TELEPHONE: _____(Res.) _____ (Work)

DATE OF INCIDENT: _____ TIME OF INCIDENT:_____

EXPLANATION OF WHAT HAPPENED: _____

_____

_____

_____

DESCRIBE THE DAMAGE: _____

_____

_____

AMOUNT OF DAMAGE: $_____

_____ _____
SIGNATURE DATE

PLEASE ATTACH ANY SUPPORTING INVOICES OR STATEMENTS

Please Mail or Deliver to:

Karen Knight
Assistant Zoning Administrator
P. O. Box 217 601/856-3877
304 Highway 601/856-3878
Ridgeland, MS 39158 FAX 601/853-2030

FOR OFFICE USE

Claim Received On _____
Claim Received By _____

Claim Referred to MS Municipal Service Co., Inc. On _____

Recommended Disposition of Claim: _____

COMMENTS: _____

_____