



CLAIM AGAINST THE CITY OF MESA

Updated
11/04/2024

Any person or entity that has a claim against the City of Mesa shall file the claim with the Mesa City Clerk within 180 days after the claim accrues. The claim must be filed with the Office of the City Clerk in person: 20 E. Main Street, Suite 150, Mesa, AZ 85201; by mail: PO Box 1466, MS-1003, Mesa, AZ 85211-1466, or by email: clerk.info@mesaaz.gov.

If the claim is filed in person or by mail, electronic files may be filed on a flash drive or CD. ***If the claim is filed by email, photographs and documents should be attached as PDF files and videos should be attached as MP4 files*** (links to online documents and videos are not permitted).

CLAIMANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

DATE OF INCIDENT: _____

TIME OF DAY: _____

ADDRESS/LOCATION OF INCIDENT: _____

DESCRIPTION OF THE INCIDENT:

Please be specific and give as many details as possible.
(Use additional pieces of paper if necessary)

EXPLAIN WHY YOU BELIEVE THE CITY WAS AT FAULT: _____

LIST ALL WITNESSES TO THE INCIDENT, INCLUDING THEIR ADDRESSES AND TELEPHONE NUMBERS: _____

WERE YOU INJURED? ☐ No ☐ Yes

List all injuries that you sustained in the incident: _____

List all healthcare providers (physical or mental) who treated you in connection with this incident. After your claim is filed, City claims may contact you to authorize the release of your medical records relating to your injuries so we can review your claim.

Name of Treating Provider(s): _____
Address(s): _____

Treatment Is: ☐ Completed ☐ Ongoing

WHAT IS THE SPECIFIC AMOUNT FOR WHICH YOUR CLAIM CAN BE SETTLED?


\$ _____

DESCRIBE WHAT THIS AMOUNT IS BASED UPON:

PLEASE ATTACH COPIES OF ALL SUPPORTING DOCUMENTS SUCH AS WRITTEN ESTIMATES, BILLS, RECEIPTS, PHOTOS, AND STATEMENTS FROM SUPPORTING WITNESSES.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.

I have reviewed this claim form, and I certify the information presented is true and correct to the best of my knowledge.

 Signed: _____
Signature of Claimant or Claimant's Authorized Representative

Date: _____

This form was made available for your convenience. All claims must comply with Arizona law, including A.R.S. §12-821.01. The City does not waive any of its rights or defenses for your failure to comply with all requirements under Arizona law. Pursuant to A.R.S. §12-821.01(E), your claim is deemed denied 60 days after the filing of the claim unless you are advised of the denial before the expiration of 60 days.

If you have any questions regarding the processing of your claim, please contact City Claims at (480) 644-3330. Claim information that you provide to the City of Mesa is considered a public record. If you are unsure about your legal rights and obligations, you should consult a lawyer.