



City of Newton

Human Resources Department

Post Office Box 550 • 401 N. Main Avenue • Newton, North Carolina 28658

Phone: (828) 695-4304 • Fax: (828) 465-7412

Extent of Damages: _____

Estimate of Damages: \$ _____ (Attach documentation)

Insurance Company (if applicable): _____ Policy Number: _____

Agent: _____ Phone Number: (_____) _____

Witnesses name, address and phone number:

The above two (2) pages are true, complete, and accurate statements of the facts of my claim. I authorize the City of Newton to investigate my claim and to obtain information, including confidential or medical information that may be relevant to my claim.

Signature of Claimant

Date