

GENERAL LIABILITY LOSS NOTICE

RETURN COMPLETED FORM TO:

Grand Haven City Clerk's Office
Attn: Linda L. Browand, City Clerk
519 Washington Ave
Grand Haven MI 49417

General Information:

Date of Loss: _____ Location of Loss: _____ Authority Contacted: _____

Description of Accident/Loss (*What happened*): _____

Weather conditions day of accident & physical description of accident site (*icy, cracked sidewalk, dry etc*): _____

Injured Person/Property Damage Information:

Name & Address (*Injured person/Property Owner*): _____

Home Phone: _____ Work Phone: _____ Age: _____ Sex: _____

Injuries Only

Describe Injuries: _____

Where was the injured person taken and by what means: _____

What was the injured person doing at the time of accident: _____

Property Damage Only

Describe Property (*type, model etc.*): _____

Where can property be seen: _____

Estimated Cost _____

Witnesses:

Name & Address

Home Phone #

Work Phone #

Comments:

Reported By:

Name: _____ Phone: _____

Company Name: _____ Date: _____