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: __________________

Edition Date: 11/06