



CITY OF RALSTON
“Independence City”
DAMAGE CLAIM FORM

Please complete the following claim form and attach any related documents. This claim will not be considered unless this form is entirely filled out.

Name _____ Date _____

Address _____ Telephone _____

Email address: _____

Location/Date/Time Damage Occurred:

Please describe your claim entirely. If necessary, attach an additional sheet.

Signature

Date

FOR OFFICE USE ONLY

[] *Approved* [] *Denied* By _____ Date _____

ADDITIONAL FEE ASSESSMENTS:

DESCRIPTION _____ FEE \$ _____ DATE PAID _____

DESCRIPTION _____ FEE \$ _____ DATE PAID _____