

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942
NOTICE OF CLAIM FORM

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

This claim form complies with A.R.S. §12-821 and §12-821.01 that defines the requirements for filing a claim against a public entity in the State of Arizona. It is important to complete all applicable items on this form to ensure compliance with State law. Failure to do so will result in your claim being denied. Filing a valid claim will always remain your sole responsibility. The statute requires, in part, that a claim against a public entity or public employee:

- Be filed with the appropriate authorized party within 180 days after the cause of action accrues.
- Contain facts sufficient to permit the public entity or public employee to understand the basis upon which the liability is claimed.
- Contain a specific dollar amount for which the claim can be settled and the facts supporting that amount.
- A claim against a public entity or public employee filed pursuant to this section is deemed denied sixty days after the filing of the claim unless the claimant is advised of the denial in writing before the expiration of sixty days.

A claim not filed within 180 days after the cause of action accrues is barred and no action may be maintained thereon. In order to file suit against a public entity or public employee, a proper Notice of Claim must first be filed. A lawsuit must be filed within one year after the cause of action accrues and not afterward. At the address listed above, mail or serve the original Notice of Claim to all members of the Maricopa County Community College District Governing Board or the member of the Maricopa County Community College District Governing Board designated as its official Secretary. Retain a copy for your records. All supporting documents should be included with the original copy to the members of the Maricopa County Community College District Governing Board or its official Secretary. If you have any questions about this form, call the Risk Management Department at 480-731-8888.

Claimant Information

Name:

SSN or Tax I.D. No.:

Address:

Telephone No. (H): (W): (Other):

Fax No.:

If a minor, parent or guardian name:

Incident Information

Date: Time:

Location:

Description of Occurrence (additional pages may be added if necessary):

If claiming property damage from a motor vehicle accident, please complete the following:

Responding Law Enforcement Agency: Report No.:

Claimant Vehicle Information

Vehicle Make: Model: Year: License Plate No.:

Vehicle Make: Model: Year: License Plate No.:

District Vehicle Information

Vehicle Make: Model: Year: License Plate No.:

District Driver's Name:

Affiliated Campus:

If claiming bodily injury, please describe:

If claiming property damage, please describe:

Witness Information (if available):

Name:

Address:

Telephone:

Name:

Address:

Telephone:

Specific Settlement Amount Request: \$



Claimant Signature:



Date: