

NOTICE OF CLAIM
Personal Injury or Property Damage
Last Revised: 06/01/07

This notice should be completed as soon as practical after the occurrence. If it is not completed within ninety (90) days of the occurrence, the claim may be denied based on improper notice. The completed form must be submitted to:

Department of Safety and Risk Services
1801 Tucker St. NE, Bldg 233 MSC07 4100
1 University of New Mexico
Albuquerque, New Mexico 87131-0001

Full Name _____ Phone Number(s) _____

Mailing Address (City, State, Zip Code) _____

Amount of claim against the University (if known) \$ _____

Describe WHERE, WHEN, and HOW the damages or injury occurred and why you feel the University is responsible for your loss. Include names of all persons involved and any witnesses, including their addresses and telephone numbers.

Date of Occurrence: _____ Approximate Time: _____

Location of the Occurrence: _____

Description of the Occurrence:

Describe the injury or damage you sustained and attach copies of all medical reports, bills, or estimates of repairs.

All of the statements made in this claim are true and correct to the best of my knowledge.

Signature of Claimant(s)/Date