

OVERVIEW

The City of Milton is committed to creating an environment for the public to enjoy and for the employees to work. This process provides guidance for citizens to address alleged damages to vehicles while traveling on city roads.

NOTICE

Before the City of Milton bears liability for damages for personal injuries of any kind, or for injuries to or destruction of property of any kind, the person injured, or the owners of the property injured or destroyed, or someone on his/her behalf, shall provide the City Manager or his/her designee written notice of such injury or destruction, duly verified within 30 days after the same has been sustained. Failing to notify the City within the time and manner specified herein shall exonerate, excuse and exempt the City from any liability.

TYPES OF CLAIMS

Claims may be classified as:

(1) property damage, (2) vehicle damage, (3) personal injury, or (4) other

PROCEDURES FOR SUBMISSION OF CLAIMS

All claims must be submitted on a City of Milton Claims Form. Request the forms via www.thecityofmiltonga.us under "I want to report a problem" If returning via fax or the postal service, the written notice, together with the Claims Form and all attachments, must be filed with the City by mailing a complete claim information package to:

City of Milton
Attn: Claims – Public Works Department
2006 Heritage Walk
Milton, GA 30004
PHONE: (678) 242-2500
FAX: (678) 242-2499

SUPPORTING DOCUMENTATION

The signed and notarized claims form shall be submitted with the following attachments:

- Three property damage estimates and cost of repair(s)
- Photographs of damage (if applicable)
- Police/accident report
- Photocopy of any submitted insurance claims
- Photocopy of declaration sheet from automobile insurance policy
- Photocopy of Certificate of Title of damaged vehicle
- Photocopy of medical bills, if any, with diagnosis and treatment code
- Doctor's narrative (if applicable)

THE CITY OF MILTON'S PROCESS

The Department of Public Works will investigate the underlying facts of the claim before a final decision of City's liability or obligation for the payment of a claim. The department will refer the matter to the City Attorney and City Manager. Depending upon the nature of citizen's claim, this process can take up to 30 business days.

CITY OF MILTON, GEORGIA CLAIM FORM

Name of Claimant: (First) _____ (Middle Initial) _____ (Last) _____
Home Address: _____
City _____ State _____ Zip _____
Phone: (____) _____ Daytime (____) _____ Evening (____) _____ Mobile (____) _____
Email Address: _____

TYPE OF LOSS:

Personal Injury Property Damage Police Report
 Vehicle Damage Other # _____

When did injury or damage occur?
(Month/Day/Year) _____ (Day of Week) _____ (Time) _____ AM PM

Where did injury or damage occur? (Street address, intersecting street, or other)

How did injury or damage occur? (Describe accident or occurrence)

What action or inaction by City caused your injury or damage?

Names of any witnesses:
(Name) _____ (Address) _____ (Phone) _____
(Name) _____ (Address) _____ (Phone) _____

Name of City employee(s) involved? _____
Amount of Claim: Personal Injury \$ _____ Property Damage \$ _____ Other \$ _____

CERTIFICATION:

I certify that the above and any attached information, to the best of my knowledge and belief, is a true representation of all facts related to claim. I understand that a knowing and willful false statement on this Claim Form can be punished by fine or imprisonment or both (See U.S. Code Title 18, Section 1001–Georgia Code 16-10-20).

Signature of Claimant: _____ Date: _____

NOTARY – State of Georgia, County of _____

The foregoing instrument was acknowledged before me this date by

Name: _____ (SEAL)

Notary: _____

Date: _____ Commission Expiration Date: _____