

CLAIM FOR DAMAGES
General Property – Citizen Claim
SEDGWICK COUNTY, KANSAS
DEPARTMENT OF RISK MANAGEMENT

This form is to be completed in its entirety and returned to:
Email to riskmanagement@sedgwick.gov OR mail to Sedgwick County Risk Management,
100 N. Broadway, Ste 610, Wichita, Kansas 67202

In the “STATEMENT OF CIRCUMSTANCES” section, give **all** information available that will answer the questions of how the incident happened, names of other person(s) involved, and the cause of the incident. Inquiries as to disposition or status of claim may be directed to the Risk Management Department; (316) 660-9680. Please attach pictures and any receipts of costs endured. Submission of claim does not guarantee Sedgwick County accepting liability, this is for consideration only.

Claimant Information

Name: _____ Email: _____
Home Phone Number: _____ Work Phone Number: _____
Social Security Number: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____

Incident Details

Date of Incident: _____ Time : _____ *(Indicate AM/PM or hrs for 24 hr clock)
Case Number: _____
Location of Incident: _____

STATEMENT OF CIRCUMSTANCES: (Include **all** known facts)

Date

Signature of Claimant