



# Property Damage Report

**COMPLETE AND RETURN TO:**

*City Attorney's Office • 435 Ryman • Missoula MT 59802*  
*(406) 552-6020 • Fax (406) 327-2105 • Email [attorney@ci.missoula.mt.us](mailto:attorney@ci.missoula.mt.us)*

**NOTE:** FILING OF THIS REPORT DOES NOT INDICATE THE CITY OF MISSOULA ACKNOWLEDGES LIABILITY. THIS PROCEDURE ALLOWS ANYONE THE OPPORTUNITY TO FILE A CLAIM WITH THE CITY THROUGH THE MONTANA MUNICIPAL INTERLOCAL AUTHORITY (MMIA), THE CITY'S INSURANCE CARRIER. MMIA WILL INVESTIGATE ALL CLAIMS AND DETERMINE THE CITY'S LIABILITY, IF ANY. AT THE END OF ITS INVESTIGATION, MMIA WILL CONTACT YOU DIRECTLY REGARDING THE OUTCOME OF ITS INVESTIGATION.

Claimant(s): \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Property Damage: \_\_\_\_\_ Time of Property Damage: \_\_\_\_\_

Address Where Property Damage Occurred: \_\_\_\_\_

Describe Property Damage: \_\_\_\_\_ City/State/Zip

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License Plate No: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Vehicle Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ City/State/Zip Work Phone: \_\_\_\_\_

\*If you have pictures of the damage please attach in an envelope (pictures will not be returned) or you may send digital photos by email to [attorney@ci.missoula.mt.us](mailto:attorney@ci.missoula.mt.us). Also, please attach any estimates for damage.

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ City/State/Zip Work Phone: \_\_\_\_\_

\*Please attach any witness statements.

