



City of Coffeyville
P.O. Box 1629
Coffeyville, Kansas 67337

City Clerk's Office
620-252-6108 phone
620-252-6175 fax

www.coffeyville.com

INCIDENT STATEMENT

1. Name of Claimant _____

2. Home Address _____ Home Phone No. _____

3. Business Address _____ Work Phone No. _____

4. Description of Incident: _____

5. Location of Incident/loss: _____

6. Date of Incident: _____ Time: _____ A.M. P.M.

7. Description of Loss/damage/injury: _____

8. Estimated Amount of Loss/damage (attach supporting documentation) \$ _____

9. Witnesses (names, addresses and phone numbers): _____

10. Other Comments/information: _____

NOTE: IT IS UNLAWFUL TO GIVE FALSE INFORMATION OR TO MAKE A FALSE STATEMENT

Signed: _____ Date: _____
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CITY CLERK'S OFFICE USE:

Received by: _____ Date: _____

Disposition: _____

- CC: City Manager City Attorney Finance Director
- Police Department Public Service Water/Wastewater
- Electric Department Engineering Fire Department