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County Attorney

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Management & Budget

PO Box 1110
Tampa, FL 33601-1110

In regards to your recent incident I have enclosed a claim form, please complete and return it with any invoices/receipts/photos.

Hillsborough County Risk Management
601 E. Kennedy Blvd., 25th Floor
Tampa, FL 33602

Once the completed form has been returned, it will be assigned to an adjuster to begin an investigation. "Please make sure the incident date is accurate as well as the location of the incident so as not to delay the investigation of your claim." This process takes approximately 30-60 days, upon the completion you will be contacted by mail/phone with the status of your claim. Please allow time for this process to be completed.

Thank you,
Risk Management



Risk Management & Safety CITIZEN CLAIM FORM

SUBMISSION OF A CLAIM DOES NOT GUARANTEE PAYMENT BY THE COUNTY.

• Date and location must be included and accurate to consider your claim.

First Name		Last Name		Home phone	
Address:				Work phone	
City		State		Zip	
Date of Incident:		Time of Incident:		Weather Conditions:	
		am <input type="checkbox"/>		pm <input type="checkbox"/>	
Incident Location:					
PROPERTY DAMAGED OTHER THAN VEHICLE					
YOUR VEHICLE INFORMATION					
YEAR:			YOUR EMAIL:		
MAKE:					
MODEL :					
TAG #:					
COLOR:					
INJURY INFORMATION					
Injured Person:					
Address:			City,		State, Zip
Phone:					
POLICE/SHERIFF REPORT		<input type="checkbox"/> TPD <input type="checkbox"/> HCSO <input type="checkbox"/> FHP <input type="checkbox"/> PC <input type="checkbox"/> TT			Officer:
WITNESS INFORMATION					
Witness' Name:		Phone Number(s):		Address:	
DETAILED ACCOUNT OF INCIDENT					
SIGNATURE				DATE	

Please submit any invoices, estimates or photos.

This form must be signed and dated.

EMAIL: williamsss@hillsboroughcounty.org

MAIL: 601 E. Kennedy Blvd., #25 Tampa, FL 33602

FAX: 813-635-8284 (please note that faxing will not produce good quality photos or color photos)

The information on this form is confidential information under Florida Statute 768.28. Any person who knowing and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Florida Statute 626.8797