



City of Fort Morgan Written Notice of Loss/Injury

Claimant Name: _____ **Phone:** _____

Claimant Address: _____

1. Please concisely state the factual basis of the claim, including the date, time, place and circumstances of the act, omission or event complained of:
2. Please state the name and address of any public employee involved, if known:
3. Please concisely state the nature and extent of the loss or injury claimed to have been suffered:
4. Please state the amount of monetary damages being requested (include repair estimates or bills if available/applicable).

Claimant Signature

Date signed

City Representative

Date Received

You may attach additional pages as necessary. Please return this completed form with any supporting documentation to the City of Fort Morgan Human Resources/Risk Management office, 710 E. Railroad Avenue, Fort Morgan, CO. Form must be returned in person, mailed or faxed. Please contact the Human Resources/Risk Management Office at 970-542-3961 or 542-3975 if you have questions. This written notice must be filed with the City within 180 days after the date of discovery of the loss/injury.

Colorado Revised Statutes

24-10-109. Notice required – contents – to whom given – limitations.

(1) Any person claiming to have suffered an injury by a public entity or by an employee thereof while in the course of such employment, whether or not by a willful and wanton act or omission, shall file a written notice as provided in this section within one hundred eighty days after the date of the discovery of the injury, regardless of whether the person then knew all of the elements of a claim or of a cause of action for such injury. Compliance with the provisions of this section shall be a jurisdictional prerequisite to any action brought under the provisions of this article, and failure of compliance shall forever bar any such action.

(2) The notice shall contain the following:

- (a) The name and address of the claimant and the name and address of his attorney, if any;
- (b) A concise statement of the factual basis of the claim, including the date, time, place, and circumstances of the act, omission, or event complained of;
- (c) The name and address of any public employee involved, if known;
- (d) A concise statement of the nature and the extent of the injury claimed to have been suffered;
- (e) A statement of the amount of monetary damages that is being requested.

(3) If the claim is against the state or an employee thereof, the notice shall be filed with the attorney general. If the claim is against any other public entity or an employee thereof, the notice shall be filed with the governing body of the public entity or the attorney representing the public entity. Such notice shall be effective upon mailing by registered or certified mail, return receipt requested, or upon personal service.

(4) When the claim is one for death by wrongful act or omission, the notice may be presented by the personal representative, surviving spouse, or next of kin of the deceased.

(5) Any action brought pursuant to this article shall be commenced within the time period provided for that type of action in articles 80 and 81 of title 1.1, C.R.S., relating to limitation of actions, or it shall be forever barred; except that, if compliance with the provisions of subsection (6) of this section would otherwise result in the barring of an action, such time period shall be extended by the time period required for compliance with the provisions of subsection (6) of this section.

(6) No action brought pursuant to this article shall be commenced until after the claimant who has filed timely notice pursuant to subsection (1) of this section has received notice from the public entity that the public entity has denied the claim or until after ninety days has passed following the filing of the notice of claim required by this section, whichever occurs first.

Claims

How to File a Property or Liability Claim Against the City of Fort Morgan

Before your property or liability claim can be considered, you must comply with the provisions of the [Colorado Revised Statutes Section 24-10-109](#), which require that you place the City of Fort Morgan on written notice of your intent to pursue a claim. That notice must be given within 180 days of the accident or incident and it must contain the date, time, and location of the accident/incident; a description of what happened; why you believe the City is liable; and the amount you are claiming.

You may attach estimates of the costs to be incurred or copies of invoices showing costs actually incurred as a result of the accident/incident. Send the written notice of claim and any attachments by:

Mail to:

City of Fort Morgan
Risk Management Office
P.O. Box 100
Fort Morgan, CO 80701

Hand-Delivery to:

City of Fort Morgan
Risk Management Office
710 E. Railroad Avenue
Fort Morgan, CO 80701

Fax to:

(970) 542-3976

You will be notified of receipt of the claim by the City's insurance company, Colorado Intergovernmental Risk Sharing Agency (CIRSA).

If you have any questions, please contact Human Resources & Risk Management:

- [Ashley Hradecky, \(970\) 542-3961, Human Resources Specialist](#)
- [Jennifer Cuckow, \(970\) 542-3975, Director of Human Resources & Risk Management](#)