

CIVIL CLAIMS FORM

City of Lakewood Law Department
12650 Detroit Avenue
Lakewood, Ohio 44107
(216) 529-6030
Fax (216) 228-2514



Please Print

Claimant: _____

If a minor, parent or guardian's name: _____

Address: _____

Address line 2: _____

City: _____ State: _____ Zip: _____

Home telephone: _____ Work telephone: _____

Name of employer: _____

Address of employer: _____

Address line 2: _____

City: _____ State: _____ Zip: _____

Date and time of accident: _____

Location: _____

Description of Incident: _____

Witness Information: If you have an official statement from a witness, please send to the City of Lakewood Department of Law by way of fax or mail.

Name of Witness: _____

Phone Number of Witness: _____

Specify damage to property: _____

If property was insured, complete the following:

Name of Insurance Carrier: _____

Policy Number: _____

Please send a copy of the declaration page of the insurance policy by way of mail or fax. If you have any other documentation to support your claim such as photos or videotapes, estimates, receipts, etc., please provide a copy to us. Please note that the city of Lakewood will not return any items submitted as part of a claim so it is important that you keep duplicates for your own records.