



CITY OF MONTEREY

BILLING REQUEST FOR DAMAGES TO CITY PROPERTY

Please send this form to City of Monterey Risk Management, 735 Pacific Street, Suite A, Monterey, CA 93955 or fax to (831) 655-0562.

INSURANCE COMPANY:	
INSURANCE MAILING ADDRESS:	
INSURANCE CLAIM NUMBER:	
NAME OF POLICY HOLDER:	
NAME OF PERSON CAUSING DAMAGE IF DIFFERENT FROM POLICY HOLDER:	
DATE OF LOSS:	TIME OF LOSS:
LOCATION OF DAMAGE TO CITY PROPERTY:	
POLICE REPORT # IF KNOWN:	
DESCRIPTION OF INCIDENT/DAMAGE TO CITY PROPERTY:	
REQUESTOR NAME:	REQUESTOR PHONE #: