



CITY OF ROUND ROCK CLAIM FORM

INCIDENT INFORMATION

Date: _____ Email Address: _____

Citizen Name: _____

Citizen Address: _____ Citizen Phone: _____

INCIDENT DETAILS

Date of Incident: _____ Location of Incident: _____

Description of incident:

Name or description of City of Round Rock employee(s), if involved:

AMERICAN WITH DISABILITIES ACT (ADA):

Do you believe your rights under the ADA were violated or are being violated by City Employees or places of public accommodation? _____ **Yes** _____ **No**

INJURIES:

Any injuries : Yes No

If yes, explain: _____

Were injuries treated: Yes No

If yes, where: _____

VEHICLE:

Vehicle Involved: Yes No

If yes, is the vehicle drivable: Yes No

If no, where is the vehicle: _____

Any estimates obtained: Yes No

HOME:

Is citizen owner of home: Yes No

Any estimates obtained: Yes No

ADDITIONAL INFORMATION:

Any pictures taken: Yes No

Is the site managed by a contractor? Yes No

If so, who is the contractor? _____

Fax this form and all documentation (i.e. estimates, pictures, etc.) to 512-218-5493 or send via email to michaelbennett@roundrocktexas.gov.