

# RISK MANAGEMENT CITIZEN CLAIM FORM



**Please send to:**

Pasco County Risk Management  
7536 State Street Suite 111  
New Port Richey, FL 34654  
Fax: (727) 847-8992  
Phone: (727) 847-8028

*The information on this form is confidential under Section 768.28, Florida Statute*

Complete the following information to the best of your knowledge as this will help expedite consideration of your claim.

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

Name: \_\_\_\_\_ Home Phone:  Work/Cell Phone:

Address: \_\_\_\_\_ City:  State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Weather/Conditions: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

**Description of Damage:**

**Your Vehicle Information (if applicable):**

Color: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag No.: \_\_\_\_\_

**Injury Information (if applicable):**

Name of Person Injured: \_\_\_\_\_ Phone No(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Police/Sheriff Report: Pasco County City of Port Richey Florida Highway Patrol City of Dade City  
City of New Port Richey Officer: \_\_\_\_\_

**Witness Information:**

Witness Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Address: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Address: \_\_\_\_\_

**Detailed Account of Incident/Other Additional Information:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*"Pasco County - Florida's Premier County for balanced growth, environmental sustainability, and first class service."*