

**DATE ENTITY RECEIVED NOTICE:** \_\_\_\_\_

**NOTICE OF CLAIM**

The following claim is submitted as an itemized written claim in accordance with the Wyoming Governmental Claims Act (W.S. 1-39-113(a),(b))

**Entity Name and address:** \_\_\_\_\_

\_\_\_\_\_

**Name, address and Phone number (s) of claimant:**

\_\_\_\_\_

\_\_\_\_\_

**Date and time of loss:** \_\_\_\_\_

**Location of loss or injury:**

\_\_\_\_\_

\_\_\_\_\_

**Description and circumstance of loss or injury:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If additional space is needed, please attach an additional sheet to this claim form. If there are multiple claimants arising out of one occurrence, each claimant needs to complete a "Notice of Claim" form.

**Name of the entity employee involved, if known:** \_\_\_\_\_

**Name of Claimant's attorney, if any:** \_\_\_\_\_

**Amount of damages demanded: \$** \_\_\_\_\_

**(Provide documentation to support your demand)**

This "Notice of Claim" form is provided only for the information and convenience of the claimant, who is responsible for completing the form properly and accurately in accordance with the statutory requirements and for presenting it to the proper entity. The governmental entity, which provided this form, makes no representations as to the sufficiency of the form or accuracy of the information provided.

The governmental entity expressly reserves the right to deny the claim on any basis, including the insufficiency or timeliness of the claim and that the claimant should consult with legal counsel if they have any questions.

It is the claimant's responsibility to fully comply with all the requirements of the Wyoming Governmental Claims Act (W.S. 1-39-101 through 1-39-120), including the applicable statutory time limits for the filing of your claim and commencement of a suit. Your failure to follow the requirements of the Wyoming Governmental Claims Act may result in your claim being forever barred.

Local Government Liability Pool

Notice of Claim

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I \_\_\_\_\_, have read and understand the provisions of the false swearing statute. I hereby certify under penalty of false swearing that the foregoing claim, including all of its attachments, if any, is true and accurate and that the claim is in compliance with the signature and certification requirements of article 16, Section 7 of the Wyoming Constitution.

I do further certify that no part of the foregoing claims has been paid or incurred by any other source.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Claimant

State of \_\_\_\_\_)

SS

County of \_\_\_\_\_)

Subscribed and sworn to before me, a Notarial Officer (Notary), this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notarial Officer (Notary) \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Seal)