

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 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 know: _____

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. I _____ certify under penalty of perjury and subject to the (Print Claimant Name)provisions of W.S. 6-5-303 and its penalties, that the foregoing claim is a true and just record of necessary expenses paid by me or is an accurate claim for expenses incurred by me. I do further certify that no part of the foregoing claims has been paid or incurred by any other source.

Claimant Signature

Date