



**GENERAL LIABILITY CLAIM REPORTING FORM**  
**PLEASE EMAIL THIS FORM AND ANY RELEVANT PHOTOS TO ADOA@FULTONMO.GOV**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Please provide statement on back

**Description of Accident/Loss:**

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**Property Damage Description:**

Description of Property & Damage (Age/Make/Model/Cost of Repairs, etc.)

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