



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:

Property Damage Description:

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