



FAYETTE COUNTY - DAMAGE CLAIM FORM

- 1. Date and Time of Incident: _____
- 2. Location of Incident: _____

- 3. Property Damaged: _____

- 4. Cost of Damage (attach two estimates, photos, etc.): _____

- 5. Description of Incident: _____

- 6. Did any Law Enforcement Agency investigate the incident? If yes, list agency. _____

Submitted By (Print Name): _____

Address: _____

Phone: _____ Total Amount Claimed: \$ _____

Signature: _____ Date: _____

Return this Form and estimates to:

Fayette County Road Department
114 N. Vine St ~ P.O. Box 269
West Union, IA 52175

Phone: (563) 422-3552 Fax: (563) 422-3663

Department Comments: _____

Submitted to Insurance Company on this date: _____