

CLAIM #

**GENERAL LIABILITY
AFFIDAVIT OF CLAIM**

Jefferson County, Alabama
Risk Management Division, Room 270
716 Richard Arrington, Jr. Blvd. N
Birmingham, Alabama 35203

Claimant's Name: _____ Home Phone: _____

Address: _____
Street City Zip Code

Place of Employment: _____ Work Phone: _____

Last 4 Digits of Social Security Number: _____ Date of Birth: _____

Tax Identification Number (If Applicable): _____

Date of Incident: _____ Time of Incident: _____

Location of Incident (If Different from Address Listed Above): _____

Details of Incident and Why You Believe the County is Liable: _____

Details of Injury (If Applicable) or Property Damage: _____

State the **amount of your claim in dollars** and attach supporting estimates, lists, etc: \$ _____

I have submitted a separate itemization of damaged claimed, as required by Title 11-12-5, Code of Alabama, 1975, and I hereby swear under a penalty of perjury that the above statements and attachment(s) hereto are true, correct and complete.

**Affiant – Claimant
(Signature)**

Sworn to and subscribed to me on this _____ day of _____, 20 _____

(Notary Public)

SEAL

My Commission Expires: