



City of
GRAND HAVEN, MICHIGAN

GENERAL LIABILITY CLAIM FORM

Please return application to: City of Grand Haven Clerk's Office
519 Washington Avenue
Grand Haven, MI 49417
Phone: 616-847-4886
Fax: 616-842-0648
Email: clerk@grandhaven.org

Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Email: _____ Phone Number: _____

Best Way to Contact You (Phone or Email): _____

Date of Incident: _____ Location of Incident: _____

Describe the Incident:

Describe the Damages – Specifically list the damages or describe any medical treatment:

Estimated Cost: _____

Did you contact the Police or any City Department? If so, who and when?

Witnesses (Name and Contact Information):

Other Comments:

Please include any documentation to support your claim (Photos, Estimates/Receipts, Police Report)

Signature: _____ Date: _____