



City of Las Cruces Notice of Claim Form

Please print:

Claimant's name: _____ Today's date: ____/____/____

Mailing address: _____ City/State _____ Zip _____

Telephone: Home () _____ Work () _____

Type of Claim: ____ Automobile Accident ____ Street Condition _____

 ____ Personal Injury ____ Other Reason _____

Date of Incident: ____/____/____ Time: _____:_____AM/PM

Location or Address of Incident: _____

Description of Incident Giving Rise to Your Claim: _____

Description of Damage or Loss: _____

Amount of Claim Damage: \$ _____

Other Comments: _____

**WARNING: IT IS CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Criminal Code
NMSA 1978, section 30-39-1).**

I certify under penalty of law that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____ 20____

Claimant's Signature



INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF LAS CRUCES

1. COMPLETE the Notice of Claim Form.
(Please submit your original copies for verification).
2. Attach two (2) estimates for the cost of damage.
3. Attach a copy of the police report if one was filed with the Police Department.
4. Attach any other supporting documentation.
5. **Return to:** City of Las Cruces
Risk Management Office
680 N. Motel Blvd.
Room 126
Las Cruces, NM 88005 **OR** **Mail to:**
City of Las Cruces
Risk Management
P.O. Box 20000
Las Cruces, NM 88004

Fax Number: (575)528-3679
6. **Questions?:** Contact Risk Management: (575) 528-3665
7. Once your COMPLETED claim form is received, we will begin processing your claim.