



For RM's Office Use Only: Claim # _____ Received By RM's Office: _____
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**CLAIM AGAINST THE CITY OF LAS CRUCES
PROPERTY/LIABILITY CLAIM FORM**

(No Liability is admitted by the City of Las Cruces by the issue of this form)

COMPLETE IN DETAIL TO ENSURE PROMPT HANDLING

YOU ARE NOT REQUIRED TO MAKE A CLAIM PRIOR TO FILING A LAWSUIT. THE MAKING OF A CLAIM WILL NOT STOP THE RUNNING OF THE APPLICABLE STATUTE OF LIMITATIONS. If you are represented by an attorney, we will only communicate with you through your

Information about the New Mexico Tort Claims Act

41-4-16. Notice of Claims. – [New Mexico Tort Claims Act]

The New Mexico Tort Claims Act was enacted in order to clarify the circumstances and procedures under which government entities are responsible for injuries or damages involving their property or employees. The section describing the requirements for filing a claim is shown below:

Every Person who claims damages from the state or any local public body under the Tort Claims Act {41-4-1 to 41-4-27 NMSA 1978} shall cause to be presented to the Risk Management Division for claims against the state, the mayor of the municipality for claims against the municipality, the superintendent of the school district for claims against the school district, the county clerk of a county for claims against the county, or the administrative head of any other local public body for claims such local public body, within ninety (90) days after an occurrence giving rise to a claim for which immunity has been waived under Tort Claims Act, a written notice stating the time, place and circumstances of the loss or injury.

PART 1 – CLAIMANT INFORMATION

CLAIMANT'S NAME (Last, First, M.I.)		TODAY'S DATE
PHYSICAL ADDRESS (house number, street name, city, state, zip)		
MAILING ADDRESS, IF DIFFERENT FROM PHYSICAL ADDRESS		
DAYTIME TELEPHONE NUMBER	ALTERNATE NUMBER	EMAIL ADDRESS

PART 2 – DETAILS OF INCIDENT

DATE OF INCIDENT (MM/DD/YYYY)	TIME OF INCIDENT : am pm	POLICE REPORT NUMBER	IS COPY OF REPORT ATTACHED? YES NO
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INCIDENT LOCATION (provide specific address, i.e. 1234 W. Main St.)

DESCRIPTION OF INCIDENT (Give details of how damage occurred) *Use additional sheet is necessary

IF THIS INCIDENT INVOLVES AN AUTOMOBILE, PLEASE SUPPLY FOR THE FOLLOWING INFORMATION.

YEAR: MAKE: MODEL: VEHICLE LICENSE NUMBER:

