



Town of Berthoud  
807 Mountain Ave.  
P.O. Box 1229  
Berthoud, CO 80513  
970.532.2643

## Town of Berthoud Citizen Claim Report

The Town of Berthoud is committed to providing the best service possible with the resources that we have available. Please take the time to fill out this form so that we can continue to improve our facilities, programs, and incident response. This form must be returned to the Town Claims Administrator within 182 days of the incident.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ AM/PM  
Incident Location \_\_\_\_\_  
Name of Property Owner (if different than above) \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

Description of incident (describe in detail what happened, the area that was damaged, how the problem was resolved, etc.).  
Attach any pertinent information.

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List of Items damaged (attach additional paper, if necessary)

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Names and Addresses of Witnesses or Other Parties with Information

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Estimated Damages \$ \_\_\_\_\_

Please attach estimates for repair/replacement of property and/or cleanup costs, if available.

I understand submission of this claim report does not constitute obligation of liability or waive governmental immunity for the Town of Berthoud. All incidents will be investigated by the Town and/or submitted to our insurance carrier. For all claims home owners must allow a Town employee to access property at the time of incident to photograph damages. Upon completion of the investigation, reimbursement may be authorized. Any reimbursement does not constitute acceptance of liability by the Town of Berthoud. Any reimbursement received from the Town of Berthoud or its insurance carrier represents payment in full of this claim.

Signature \_\_\_\_\_

Date \_\_\_\_\_