

**GARY SANITARY DISTRICT  
GARY STORM WATER MANAGEMENT DISTRICT  
NOTICE OF CLAIM**



Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Claimant Name: \_\_\_\_\_

v/s

**Gary Sanitary District/Gary Storm Water Management District**

Pursuant to Indiana 34-13-3-8 and Indiana Code 34-13-3-10, you are hereby notified that the above-named Claimant(s) has(ve) a cause of action against the Gary Sanitary District/Gary Storm Water Management District for damage sustained to property and the following information is hereby being furnished pursuant to the above-named statutes.

Name of Claimant(s): \_\_\_\_\_

Claimant Current Address: \_\_\_\_\_

Address of Claimant At The Time Of Occurrence: \_\_\_\_\_

**STATEMENT OF CIRCUMSTANCES**

When circumstance occurred? Time: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Where circumstance occurred? \_\_\_\_\_

Explain: \_\_\_\_\_

**EXTENT OF INJURIES**

Property Damage:	Yes _____ No _____	If yes, what is the amount? \$ _____
Personal Damage:	Yes _____ No _____	If yes, what is the amount? \$ _____
Personal Injury/Medical Expenses:	Yes _____ No _____	If yes, what is the amount? \$ _____

NAMES OF ALL PERSONS INVOLVED (If Known): \_\_\_\_\_

ATTENTION

Any person who knowingly, and in bad Faith, files a claim, which is frivolous, groundless or unreasonable, may be held liable for attorney's fees incurred by the Gary Sanitary District/Gary Storm Water Management District regarding the claim. Furthermore, the Gary Sanitary District/Gary Storm Water Management District may bring an action against a claimant for abuse of process.

Signature of Claimant(s): \_\_\_\_\_

Social Security Number Required for Payment \_\_\_\_\_

A copy of the above-referenced NOTICE OF CLAIM was received this \_\_\_\_\_ Day of \_\_\_\_\_, 201\_\_\_\_ - OFFICE OF THE GARY SANITARY DISTRICT/GARY STORM WATER MANAGEMENT DISTRICT

BY: \_\_\_\_\_