



Citizen Claim Form

Date of claim:
Name, address, phone number, and email address:
Name, address, and phone number of attorney (if any):
Name of any public employee involved (if known).
A concise statement of the factual basis of the claim, including the date, time, place, and circumstances of the act, omission, or event that is the basis of the claim.
A concise statement of the nature and extent of damages claimed to have been suffered.
A statement of the amount of monetary damages being requested (copies of bills establishing costs incurred or at least two estimates relating to such damages make it much easier to evaluate a claim).

Email this form to claims@littletongov.org or mail to:

Human Resources Risk Analyst
2255 W. Berry Avenue
Littleton, Colorado 80120