Dear Customer:

Montgomery County regrets any problem you may have recently encountered. This letter and enclosed form is to assist you with your claim. The attached form provides Montgomery County the necessary information to process your claim. To expedite the process, all pertinent blanks regarding your claim need to be filled in.

**The State of Ohio requires Montgomery County to obtain insurance information. If you do NOT have insurance, please note this on the form. If your insurance company does NOT cover this claim, Montgomery County requests a statement from the insurance company stating you are NOT covered. The insurance company should also state if you have a deductible and the amount of the deductible. Insurance information MUST be included with the claim form before it can be processed.**

The completed form and any attachments are to be sent to the person and address indicated below. Also, please make a copy for your personal records.

Montgomery County Environmental Services  
Attn: Kurt Jenkins  
1850 Spaulding Road  
Kettering, Ohio 45432

The claim process can take from eight to sixteen weeks. This is dependent upon the factors involved and the form's completeness. Besides being completely investigated and reviewed within the Environmental Services Department, the claim may be examined by the County Prosecutor's Office and the County's Insurance Adjuster.

If you need clarification of the issues surrounding your problem or have any questions, please contact Kurt Jenkins at (937) 781-2666 or fax (937) 781-2681 email jenkinsk@mcohio.org
DAMAGE CLAIM FORM
(Please Print or Type All Information)

Present Date __________________________ Date of Incident __________________________
Your Name ______________________________
Your Address ________________________________
City/Township ___________________________ State ______ Zip ______
Your Phone Number & Area Code (_______) __________________________
Address of Damage if Different from Above
Address ________________________________
City/Township ___________________________ State ______ Zip ______
Do you rent this property? Yes ____ No ____
Do you own this property? Yes ____ No ____
Property Owners Address if Different
City/Township ___________________________ State ______ Zip ______
Insurance Company Name ____________________________
Deductible ____________________________
Agent’s Name ______________________________
Agent’s Address ______________________________
City/Township ___________________________ State ______ Zip ______
Agent’s Phone Number & Area Code (_______) __________________________
Policy Number (Optional) ____________________________
Police Report Filed? Yes ____ No ____
Police Report Number ____________________________
Fire Department ____________________________

Witness Name ______________________________
Witness Address ______________________________

Did you call the County first? Yes ____ No ____
Time Contacted ____________________________

Total Damages $ ___________ (attach a copy of all estimates)

Describe the Damaged Property
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PLEASE NOTE
1. Customer’s lost wages, if requested will not be approved.
2. Please attach receipts or at least two repair estimates.
3. Attach an itemized list of the damaged items, when purchased, and their present value.
4. **Insurance information must accompany claim form.** (Declaration page OR letter from agent stating type of coverage and deductible amount) Claim cannot be processed until this information is received.

Signature __________________________________ Date __________________________

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Forms: Damage Claim Form
Revised March 2013