



Charleston Sanitary Board



STATE OF WEST VIRGINIA
COUNTY OF KANAWHA, to-wit:

The Mayor, Recorder, and/or Municipal Attorney of the City of Charleston, West Virginia, will take notice that this day appeared before the undersigned authority,

_____, **Claimant,**
who, after being first by me duly sworn, deposes and says:

That this affiant resides at: _____

Telephone Number: _____

and that on the _____ day of _____, 2020/2021, at approximately _____ am/pm
in the City of Charleston, West Virginia, he/she sustained

Nature Of Injury And/Or Damage

As A Result Of:

As a result of which accident the **Claimant,** _____, does hereby
make claim against the City of Charleston, West Virginia, for damages incurred and to be incurred by
him/her in the future.

Signature of Claimant

Taken, subscribed and sworn to before me this _____ day of _____, 2021.
My commission expires _____.

Notary Public

Names and Addresses of Witnesses to Accident:

Additional Comments:

**Please call (304) 348-8179 with any questions.
FAX: (304) 348.8038**

Please Return This Form To:

**The City Clerk's Office
P.O. Box 2749
Charleston, WV 25330**