



## INFORMATION ON FILING A CLAIM WITH THE CITY OF FARMINGTON

Filing a claim with the City of Farmington for damage for which you feel the city is legally liable.

As stated below in the “Tort Notice of Claim” you have ninety (90) days from the date of incident to file your claim. If you have questions on how to fill out the attached form you can contact the City of Farmington Claims Division at (505) 599-1267.

### TORT NOTICE OF CLAIM

#### 41-4-16. Notice of Claims. – [New Mexico Tort Claims Act]

A. Every Person who claims damages from the state or any local public body under the Tort Claims Act {41-4-1 to 41-4-27 NMSA 1978} shall cause to be presented to the Risk Management Division for claims against the state, the mayor of the municipality for claims against the municipality, the superintendent of the school district for claims against the school district, the county clerk of a county for claims against the county, or the administrative head of any other local public body for claims such local public body, within ninety (90) days after an occurrence giving rise to a claim for which immunity has been waived under Tort Claims Act, a written notice stating the time, place and circumstances of the loss or injury.

When filling out the attached form please print. If we are unable to read your form this will cause a delay in the set-up of your claim.

Thank you.

#### Return your form by Mail, E-Mail or Fax

**MAIL:** City of Farmington  
Claims Division  
800 Municipal Drive  
Farmington, NM 87401

**E-MAIL:** [Claims@fmtn.org](mailto:Claims@fmtn.org)

**FAX:** (505) 599-1461



In order for a claim to be set up and investigated, please provide the following information.

**PLEASE PRINT**

*If we are unable to read your information this will cause a delay in the set-up of your claim*

DATE OF INCIDENT  
(MONTH/DAY/YEAR): \_\_\_\_\_

TIME OF  
INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

List name of injured/damaged party, (i.e. person's name, name of property owner, business name, name of the apartment complex). If claim is for a child please list the child's name and child's date of birth.

CLAIMANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

List contact information if different from above information.

CONTACT NAME: \_\_\_\_\_ RELATIONSHIP TO  
PERSON ABOVE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Describe how the incident occurred and why you feel the City of Farmington is at fault. (Attach additional page if needed)

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Describe injury and/or property damage.

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If you are claiming damage to your vehicle the following information is needed.

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

AREA DAMAGED: \_\_\_\_\_

If incident involved a city vehicle the following information is needed.

NAME OF CITY DRIVER: \_\_\_\_\_ POLICE REPORT #: \_\_\_\_\_

CITY VEHICLE PLATE #: \_\_\_\_\_ CITY VEHICLE ID #: \_\_\_\_\_

SIGNATURE OF CLAIMANT  
OR LAWFUL REPRESENTATIVE: \_\_\_\_\_ DATE \_\_\_\_\_