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

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)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe injury and/or property damage.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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 ___________________________

Revised 11/09/2018