



INFORMATION ON FILING A CLAIM WITH THE CITY OF ALBUQUERQUE

Filing a claim with the City of Albuquerque 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 Albuquerque Risk Management Division at (505) 768-3080.

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 Albuquerque
Risk Management Division
P O Box 470
Albuquerque NM 87103

E-MAIL: riskmgmt@cabq.gov

FAX: (505) 768-3982



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: _____

CITY, STATE, ZIP CODE _____

PHONE #: _____

List contact information if different from above information.

CONTACT NAME: _____ RELATIONSHIP TO
PERSON ABOVE: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE #: _____

Describe how the incident occurred and why you feel the City of Albuquerque 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 _____