



**BRUNSWICK-GLYNN COUNTY  
JOINT WATER AND SEWER COMMISSION  
1703 Gloucester Street  
Brunswick, GA 31520**

**Official Claim Form**

TODAY'S DATE: \_\_\_\_\_

**Claimant's Information (Claimant - Please Complete Pages 1 Through 3 Only.)**

FULL NAME (PLEASE PRINT): \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ OTHER CONTACT: \_\_\_\_\_

**Claim – Incident Information**

DATE and TIME OF INCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DESCRIBE WHAT HAPPENED & DETAILS OF DAMAGES: \_\_\_\_\_

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**WITNESS(ES) - NAME, ADDRESS, TELEPHONE NUMBER, E-MAIL ADDRESS:**

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**IF A POLICE REPORT WAS FILED, PLEASE PROVIDE JURISDICTION (CITY OF BRUNSWICK OR GLYNN COUNTY), OFFICER'S NAME AND CASE # THAT WAS PROVIDED TO YOU BY THE OFFICER or PROVIDE A COPY OF THE CARD THE OFFICER GAVE TO YOU:**

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**INSURANCE INFORMATION**

CHECK ONE: \_\_\_\_\_ **I HAVE INSURANCE THAT COVERS MY LOSS AND WILL BE FILING A CLAIM. NAME & TELEPHONE NUMBER OF INSURANCE REPRESENTATIVE:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **I EITHER HAVE NO SUCH INSURANCE OR ELSE WILL NOT BE FILING A CLAIM WITH MY INSURANCE NOW OR IN THE FUTURE.**

**I OWN THE FOLLOWING PROPERTY WHICH WAS THEREBY DAMAGED IN THE AMOUNTS INDICATED (FOR MOTOR VEHICLES, INCLUDE YEAR, MAKE, MODEL & TAG NUMBER):**

\_\_\_\_\_  
**TOTAL AMOUNT OF PROPERTY DAMAGE: \$** \_\_\_\_\_  
**(PLEASE ATTACH ESTIMATES/RECEIPTS OR OTHER DOCUMENTATION OF CHARGES.)**

**DID YOU RECEIVE ANY PERSONAL INJURY?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**IF YES, DESCRIBE BELOW: INCLUDE ANY TREATMENT/MEDICATION RECEIVED, DOCTORS SEEN, ETC.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST AMOUNT BEING CLAIMED FOR PERSONAL INJURIES: \$** \_\_\_\_\_

**NOTE: \*\*\* PLEASE DOCUMENT AMOUNT CLAIMED FOR PERSONAL INJURIES BY FURNISHING COPIES OF ALL BILLS, PRESCRIPTIONS, ETC. \*\*\***

**TOTAL AMOUNT OF CLAIM (PERSONAL & PROPERTY): \$** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**  
**(TO BE SIGNED IN PRESENCE OF NOTARY)**

State of Georgia        )  
Glynn County            )

I, \_\_\_\_\_, a Notary Public in and for the State at Large, hereby certify that \_\_\_\_\_, whose name is signed to the foregoing document, and

- Who is known to me, or
- Whose identity I proved on the basis of, \_\_\_\_\_, or
- Whose identity I proved on the oath/affirmation of \_\_\_\_\_, a credible witness to the signer of the above document and that being informed of the contents of the document, he/she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**MY COMMISSION EXPIRES:**



**BRUNSWICK-GLYNN COUNTY  
JOINT WATER AND SEWER COMMISSION  
1703 Gloucester Street  
Brunswick, GA 31520**

**For BGJWSC Staff Use Only**

**Acknowledgement of Receipt of Completed Claim**

**CLAIMANT'S FULL NAME:** \_\_\_\_\_

**DATE OF RECEIPT OF CLAIM:** \_\_\_\_\_

**NAME OF STAFF MEMBER RECEIVING CLAIM:** \_\_\_\_\_

**METHOD OF RECEIPT:** \_\_\_\_\_

**DATE CLAIM RECEIVED IN THE OFFICE OF THE EXECUTIVE COMMISSION  
ADMINISTRATOR/LIABILITY CLAIMS MANAGER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_