DUBUQUE COUNTY - DAMAGE CLAIM FORM

1. Date and Time of Incident: _____

2. Location of Incident: _____

_____

3. Property Damaged: _____

_____

4. Cost of Damage (attach estimates, receipts, photos, etc): _____

_____

5. Description of Incident: _____

_____

_____

_____

6. Did any Law Enforcement Agency that investigated the incident? If yes, list agency.

_____

Submitted By (Print Name): _____

Address: _____

Phone: _____ Total Amount Claimed: $_____

Signature: _____ Date: _____

Return this Form To: Dubuque County Engineer
1225 Seippel Rd
Dubuque, IA 52002
engineer@dubuquecounty.us
Phone: (563) 557-7283 Fax (563) 557-1973

Department Comments: _____

_____

_____

☐ Approved ☐ Denied ☐ Site Reviewed ☐ Mailbox Installation/Location Approved

_____ _____

County Engineer Date Secondary Roads Superintendent Date