

**City of Ravenna - Moral Claim Form**

Name (please print) \_\_\_\_\_ Property Address \_\_\_\_\_ Date \_\_\_\_\_

Date and time of incident: \_\_\_\_\_  
Brief Description of incident and damage: \_\_\_\_\_

Name of claimant's insurance company: \_\_\_\_\_  
Agent's name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Has insurance Co. been contacted? 

Yes	No
-----	----

Disposition of Claim: \_\_\_\_\_

Total amount of loss(es) (\$): \_\_\_\_\_ (estimate if necessary)  
Cleanup cost: \_\_\_\_\_  
Utilities (furnace, hot water tank, etc.): \_\_\_\_\_  
Infrastructure (walls, flooring, etc.): \_\_\_\_\_  
Itemized list attached: 

Please initial
----------------

Comments: \_\_\_\_\_

Amount paid by homeowners insurance co. (if any): \_\_\_\_\_

**Bottom portion - For City Use Only**

Homeowners insurance verification: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ City Incident Report Attached: 

initial
---------

  
City Insurance Disposition: \_\_\_\_\_ All documentation attached (receipts, etc.) 

initial
---------

Additional documentation attached (describe): \_\_\_\_\_

Final Disposition (describe): \_\_\_\_\_

Recommendation by: \_\_\_\_\_ Name (printed) \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
APPROVED: \_\_\_\_\_ Mayor \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Mayor, City Council

Revised 12/16/08