



For RM's Office Use Only:
 Claim # _____
 Received By RM's Office:

**CLAIM AGAINST THE CITY OF LAS CRUCES
 DISCOLORED WATER**

(No Liability is admitted by the City of Las Cruces by the issue of this form)

COMPLETE IN DETAIL TO ENSURE PROMPT HANDLING

YOU ARE NOT REQUIRED TO MAKE A CLAIM PRIOR TO FILING A LAWSUIT. THE MAKING OF A CLAIM WILL NOT STOP THE RUNNING OF THE APPLICABLE STATUTE OF LIMITATIONS. If you are represented by an attorney, we will communicate with you through your attorney.

**Information about the New Mexico Tort Claims Act
 41-4-16. Notice of Claims. – [New Mexico Tort Claims Act]**

The New Mexico Tort Claims Act was enacted in order to clarify the circumstances and procedures under which government entities are responsible for injuries or damages involving their property or employees. The section describing the requirements for filing a claim is shown below:

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.

If you notice rust or iron stains on clothes when taking them from the washer, don't dry them in the dryer before treating the stains. Heat sets the stains and makes them difficult or impossible to remove. Here are some things to try prior to submitting a claim: 1) rewash the clothes immediately in clear water with heavy duty detergent. If the water in your water system is still discolored, do re-laundering at a coin-operated laundry or at another residence where the water is clear.

Caution: Do not dry stained items in the dryer, do not iron them before treating the stains, and do not use chlorine bleach. Heat and chlorine make the problem worse.

PART 1 – CLAIMANT INFORMATION			
CLAIMANT'S NAME (Last, First, M.I.)			TODAY'S DATE
PHYSICAL ADDRESS (house number, street name, city, state, zip)			
MAILING ADDRESS, IF DIFFERENT FROM PHYSICAL ADDRESS			
DAYTIME TELEPHONE NUMBER	ALTERNATE NUMBER	EMAIL ADDRESS	
PART 2 – DETAILS OF INCIDENT			
DATE OF INCIDENT (MM/DD/YYYY)	TIME OF INCIDENT		
	: AM PM		
INCIDENT LOCATION (provide specific address, i.e. 1234 W. Main St.)			
DESCRIPTION OF INCIDENT (Give details of how damage occurred) *Use additional sheet is necessary			
Was City Las Cruces Utilities Water Dept. notified?		If yes, please list date and time:	
YES	NO	DATE:	TIME: : AM PM

PART 3 – CLAIM

Please mark which documents you have enclosed with the claim form. Provide a **MINIMUM OF (2) REPAIR ESTIMATES FROM (2) SEPARATE BUSINESSES** for property damage. Please note that the list of documents is not exhaustive. Other documents may be requested if necessary.

Police Report Quotation(s) for repair/replacement Other: _____
 Photographs of Damage Invoices/Purchase receipts of items Other: _____

Explain and support the amount of damages you have claimed by listing each item of damages. Preserve all damaged items. Any items disposed of before obtaining written permission from the City of Las Cruces, Risk Management Department to do, **will not** be considered part of the claim. Items missing tags will be valued at discount store prices. Any items you are not willing to surrender will also not be included in your claim. If more space is need, attach a separate sheet of paper.

Brand	Type of Item	Approximate Age of Item	Condition (New, Good, Fair, Poor)	Original Store Purchased From	Original Price	Amount Claimed
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					Total Sum Claimed	\$

A claim for \$_____ is hereby made against the CITY OF LAS CRUCES, based upon the following facts described above.

PART 4 - SIGNATURE

I do hereby attest under penalty of perjury that I am the claimant named above, that I have read the foregoing claim and know the contents thereof, that the same is true of my own knowledge, except those matters stated upon information and belief, and as to those matters, I believe them to be true, and that THIS IS MY ENTIRE CLAIM AGAINST THE CITY OF LAS CRUCES.

IF MY CLAIM IS PAID, I FULLY UNDERSTAND THAT I WILL HAVE TO SIGN A GENERAL RELEASE OF ALL CLAIMS IN THE PRESENCE OF A NOTARY PUBLIC BEFORE ANY PAYMENT WILL BE ISSUED.

Incomplete or unsigned claim forms will not be accepted and will be returned. REMEMBER to respond to all applicable questions and attach supporting evidence and information.

Signature: _____ Date: _____

NOTICE: It is unlawful for any person to intentionally make a report to a law enforcement agency or official, which report he knows to be false at the time of making it, alleging a violation by another person of the provisions of the Criminal Code [30-1-1 NMSA 1978]. Any person violating the provisions of this section is guilty of a misdemeanor.

We will:

Verify through our water resources department that a discolored water event has occurred.

Verify that the event was caused by the City and not by someone else. The City will not pay for a loss when another person or entity caused the loss.

Verify your actual loss. In addition to photos submitted with your initial claim, after we have verified that the City is responsible for the covered event, you may be asked to bring the damaged items in. Items brought in must be washed, dried and in a box or bag.

If we determine that you have suffered a loss that the City was liable for, we will make an offer to settle your claim. If we pay for the replacement of your damaged items you will be required to surrender those items to us for disposal.

Claims may be submitted as follows:

Fax: 575-528-3705	or	Mail:	or	In Person:	or	Email:
		Risk Management		City Hall		myclaims@las-cruces.org
		P.O. Box 20000		700 N. Main St.		
		Las Cruces, NM 88004		Suite 3500		
				Las Cruces, NM 88001		