



Notice of Claim Form

Personal Injury or Property Damage

This form may be returned to:

DFW Airport, Risk Management Department

P.O. BOX 619428

DFW AIRPORT, TEXAS 75261-9428

T 972-973-5657 F 972-973-5651

dfwrisk@dfwairport.com

Name: _____ Phone#: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Location of Incident: _____ Time: _____

Date of Occurrence: _____ Day: _____

Police Report#: _____ Police/Fire/Paramedics: _____ Refused Transport: _____

Bodily Injury
Description/Part/Diagnosis: _____

Property Damage Description/Part/Damage Description	Year/Make/ Model/Color
_____	_____

Lien Holder:	License Plate & VIN
_____	_____

Please type or print clearly in the space provided below. In your own words where, when, and how the damage or injury occurred. You may attach other pages if necessary to document your claim and damages. (Boarding Pass, Parking Receipt, Toll Tag payment, Paid Invoices, 2 Estimates, Photo's.)

All Statements made in this claim are true and correct to the best of my knowledge. Filing a false claim is against the law and may result in up to a first degree felony in the state of Texas. (Penal code, title 7, chapter 35, sect.# 35.02)

The total amount of your \$_____.

Signature: _____

Date: _____