

**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  
13047 City View Drive  
Dubuque, IA 52002

Phone: (563) 557-7283 Fax (563) 557-1973

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved By:

\_\_\_\_\_  
Chair, Board of Supervisors

\_\_\_\_\_  
County Engineer