

# WOODFORD COUNTY HIGHWAY DEPARTMENT

## DAMAGE CLAIM FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date & Time of damage occurrence: \_\_\_\_\_

Address / Location of damage occurrence: \_\_\_\_\_  
\_\_\_\_\_

Description and Cause of Damage: \_\_\_\_\_  
\_\_\_\_\_

Amount of Reimbursement Requested: \$ \_\_\_\_\_ (receipts or quotes must be attached)

Signed: \_\_\_\_\_  
Owner

\_\_\_\_\_ Date

Approved: \_\_\_\_\_  
Conrad Moore, P.E.- Woodford County Engineer

\_\_\_\_\_ Date