



Risk Management
City of Lincolnton
PO Box 617
Lincolnton NC 28093
Claims@lincolntonnc.org

Small Claim Payment

Claimant: _____

Owner: _____

Address of incident: _____

City: _____ **State:** _____ **Zip code:** _____

Contact number: _____ **Email:** _____

Date of incident: _____ **Time:** _____

Details of damaged property and how it happened:

Details of how City may be liable:

Any other pertinent information as may assist in evaluating the request:

If vehicle damage:

Driver's name: _____

Vehicle Make: _____ **Model:** _____ **Year:** _____

VIN #: _____