



INSTRUCTIONS FOR FILLING A UTILITY TORT CLAIM NOTICE

Any liability claim alleging damages or compensation relating to the City of Rio Rancho's Utilities Department is subject to the New Mexico Tort Claims Act NMSA 1978 §§ 41-4-1 through 41-4-30 (the "TCA"). TCA section 41-4-16 requires a claimant to submit a TORT CLAIM NOTICE to the City of Rio Rancho Utilities Department.

Attached is a TORT CLAIM NOTICE form which may be used for that purpose. You must complete and mail it to the following:

**City of Rio Rancho
c/o Utilities Department
3200 Civic Center Circle,
Rio Rancho, NM 87144**

Or email it to utilitytortclaim@rrnm.gov or fax to: (505) 891-5201

Claims are investigated and compensation or reimbursement may be awarded only if, pursuant to the TCA, liability applies to the City of Rio Rancho Utilities Department.

As applicable, claims must include any damage measurements or estimates, photographs of damage, replacement parts, invoice, proof of payment for repair work, medical expenses, or other evidence to support your claim.

Equipment that is more than 10 years old will be paid at a prorated costs based on a depreciation schedule of 10% annual depreciation each year.

Note: Submitting a TORT CLAIM NOTICE does not guarantee payment of any kind.

Noting NMSA 1978 § 59A-16c-8, the CITY PROVIDES THE FOLLOWING WARNING:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents a false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.



NOTICE OF TORT CLAIM

In order to submit your claim, you must complete this form and address it to the Mayor of the Municipality, C/O the City of Rio Rancho Utilities Department within NINETY (90) days of the alleged loss, harm, or damage. Your claim may be forwarded to the New Mexico Self-Insurers' Fund ("NMSIF") for further investigation and consideration and, a NMSIF representative may contact you regarding your claim.

PART 1:

Claimant: _____

DOB: ___/___/___ SSN: ___-___-___ Gender: ___ Male ___ Female

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

Date of Occurrence: ___/___/___ Time of Occurrence: _____ AM PM

Address or Detailed Location of Occurrence: _____

Please describe what happened: (continue on blank sheet if necessary)

Witness Name: Contact #: _____ (____) _____ - _____

Witness Name: Contact #: _____ (____) _____ - _____

Please list all persons and/or property for which you are claiming damages:

- 1. _____ \$ _____
 - 2. _____ \$ _____
 - 3. _____ \$ _____
 - 4. _____ \$ _____
- TOTAL AMOUNT OF CLAIM:** \$ _____



PART 2:

Omitting documents or evidence listed below may result in a denial of your claim. Please note that the below list of documents or evidence is not exhaustive. Other information or evidence may be requested to process and resolve your claim. Incomplete or unsigned claim forms may result in a denial of all claims.

PLEASE INDICATE IN YOUR CLAIM WHETHER CITY PROPERTY OR EQUIPMENT HAD BEEN ALREADY DAMAGED, BROKEN, OR OTHERWISE NEGLIGENTLY MAINTAINED. IF YOU ALLEGE DAMAGES TO YOUR PROPERTY, HOME, OR APPLIANCES, AS APPLICABLE, PLEASE PROVIDE PROOF THAT IT WAS INSTALLED BY A PROPERLY LICENSED PROFESSION OR CONSTRUCTED TO CODE.

Proof of alleged damage

Photographs of damage

Documentation of the age of property replaced

Invoices from a licensed professional with proof of payment of repair work

Proof of homeowners insurance

Proof (as applicable) that the damaged appliance was installed to code by a licensed professional

PART 3:

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 RIO RANCHO.

IF MY CLAIM IS APPROVED AND I AM AWARDED ANY SUM OF MONEY, I FULLY UNDERSTAND AND ACCEPT THAT I WILL HAVE TO SUBMIT A SIGNED AND NOTARIZED GENERAL RELEASE AND WAIVER OF ALL CLAIMS BEFORE ANY PAYMENT MAY BE ISSUED. I FURTHER UNDERSTAND AND ACCEPT THAT THE CITY MAY NEED TO REPORT ANY AND ALL INFORMATION ABOUT ANY PAYMENT TO ME TO STATE AND/OR FEDERAL AGENCIES, INCLUDING BUT NOT LIMITED TO THE IRS, MEDICAID, NEW MEXICO TAX AND REV, ETC.

Incomplete or unsigned claim forms will not be accepted and may result in a denial of all claims. **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, that a person knows to be false at the time of making it, alleging a violation by another person of the provisions of the Criminal Code, NMSA 1978 § 30-39-1. Any person violating the provisions of this section is guilty of a misdemeanor