

DAMAGE CLAIM FORM

MIAMI-DADE COUNTY
GENERAL SERVICES ADMINISTRATION

STEPHEN P. CLARK CENTER
111 Northwest 1st Street
Suite 2340
Miami, Florida 33128
Telephone: (305)375-4280

Department Making Report: Miami-Dade County Aviation

Address: P.O. Box 592075 AMF, Miami, Florida 33159

Person Making Report: _____

Telephone Number: _____

Name of Owner: _____

PROPERTY
DAMAGED

Address: _____

Type of Vehicle: _____ License #: _____

Name of Insurance Co.: _____

Nature and Extent of Damages: _____

Date of this Report: _____

If this Accident was not reported promptly, explain delay.

Signature of Owner

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF

IMPORTANCE.