



Claim Reimbursement Request Form

Claimant's Legal Name:	
Claim Physical Address:	
Phone Number:	
Email:	
Amount of Claim:	
Description of Damages: Reason for Claim:	

Instructions:

- Complete every item above
- Provide complete details so Authority Management & Board of Directors can make a fully-informed decision
- Use and attach separate page(s) if necessary
- Attach receipts, photos, timelines, estimates, etc. to justify your claim

Claimant's Signature: _____ Date: _____

Board Decision & Date: _____