



**Claims Appeal Process**

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

Today's Date: \_\_\_\_\_

City of Davenport Claim Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

**What are you appealing?**

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**What new evidence do you have to support your appeal?**

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**Please return this form and any additional supporting evidence you have to:**

**City of Davenport  
Attn: Risk Manager, Jim Forsyth  
226 W. 4<sup>th</sup> Street  
Davenport, IA 52801**

**Via fax: (563) 888-2086**

**Via Email: [jim.forsyth@davenportiowa.com](mailto:jim.forsyth@davenportiowa.com)**