



Fax: 410-974-2865

NOTICE OF CLAIM FORM

DATE: _____

Nancy K. Kopp, Treasurer
Louis L. Goldstein Treasury Building
80 Calvert Street, Room 109
Annapolis, Maryland 21401

RE: STATE OF MARYLAND

Dear Treasurer Kopp:

Please accept this letter as my written notice of claim. The facts are as follows:

1. My full name, address and phone number: (Home#)
(Work#)

2. Date & Time of Loss:

3. Location of Loss:

4. County:

5. State Agency involved:

6. Amount of Damages:

7. Vehicle(Year, Make & Model):

8. Name, Address, and Phone Number of other persons involved:

9. Description of incident:

Claimant or Representative's Signature

Date

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