



CITY OF HOUSTON
Legal Department

Annise D. Parker

Mayor

January 7, 2016

C [REDACTED] Si [REDACTED]
21 [REDACTED] Ca [REDACTED] s Lane
Katy, Texas 77450

Donna L. Edmundson
City Attorney
Legal Department
P.O. Box 368
Houston, Texas 77001-0368
City Hall Annex
900 Bagby, 4th Floor
Houston, Texas 77002

T. 832.393.6491
F. 832.393.6259
www.houstontx.gov

RE: Date of Accident: November 2, 2015
City File No.: 1001500879001

Dear Mr. Signori:

This acknowledges receipt of your claim for damages against the City of Houston and to advise you that the following Claims Coordinator is in the process of investigating your claim:

Name: Mary Sharp Phone: 832.393.6389 Fax No.: 832.393.6259

To assist in the investigation of this claim, please forward the following information regarding the accident in question

- X witness contact information as it relates to your claim; and
- X IRS Form W-9, Request for Taxpayer Identification Number and Certification.

Upon completion of our investigation, we will contact you to advise of our decision. If you have any questions, please contact the assigned Claims Coordinator.

Sincerely,

Mary L. Sharp
Sr. Claims coordinator
Claims/Subrogation Section

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h\18Acknowledge.Ltr.Individual.mac.wpd



CITY OF HOUSTON

Legal Department

Sylvester Turner

Mayor

FIELD(current_date_long)

FIELD(Claimant_full_name)

FIELD(Claimant_address_1_block)

RE: D/A: FIELD(Additional_Info_Dates_cci_date6)
City File No.: FIELD(matter_number)

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Dear FIELD(Claimant_full_name):

This acknowledges receipt of your claim for damages against the City of Houston and to advise you that the following Claims Coordinator/Investigator has been assigned to this claim.

Name: FIELD(Claims_Coordinator_full_name) **Phone:** FIELD(Claims_Coordinator_phone_business) **Fax No.:** 832.393.6259

To assist in the investigation of this claim, please forward the following information regarding the accident in question:

- property damage information (i.e. three estimates of repair, vehicle location and driveability);
- copy of Texas Certificate of Title;
- personal injury specials (i.e. medical bills, doctor's narrative, etc.);
- witness contact information as it relates to your claim; and
- IRS Form W-9, Request for Taxpayer Identification Number and Certification.

You may forward the requested information to firstname.lastname@houstontx.gov. Upon completion of our investigation, we will contact you to advise of our decision. If you have any questions, please contact the assigned Claims Coordinator.

Sincerely,

FIELD(Claims_Coordinator_full_name)
Senior Claim Coordinator
Claims/Subrogation Section
FIELD(Claims_Coordinator_initials)/FIELD(user_initials)