



VILLAGE OF CUYAHOGA HEIGHTS EMERGENCY MORAL
CLAIM FORM

VILLAGE OF CUYAHOGA HEIGHTS
4863 EAST 71ST STREET
CUYAHOGA HEIGHTS, OHIO 44125

DATE: _____

CLAIMANT NAME: _____

ADDRESS: _____

PHONE &/OR EMAIL: _____

DATE & TIME OF INCIDENT: _____

Description of what took place and why you claim the Village was at fault:

Attach all documents and supporting claims for damages, also any estimates to repair or replace, please note the age of each item. Under the Village's policy the maximum moral claim allowable is \$300.00. Return all information to the Village Chief Fiscal Officer at the above address, or through email at cfo@cuyahogaheights.com, and your claim will placed on the agenda for the next Council Meeting to be voted on.

Once Council has made their judgment, I will contact you regarding their decision.

SIGNATURE _____ DATE _____