

SUBMIT IN DUPLICATE TO: BOARD OF ADJUSTMENT, STATE CAPITOL, MONTGOMERY, AL 36130-1435

_____)	
(Name of Claimant))	
v.)	BEFORE THE
State of Alabama)	BOARD OF ADJUSTMENT
§§36-30-1, et seq., 1975 Code of Alabama)	STATE OF ALABAMA

INSTRUCTIONS: All blanks must be filled in with a typewriter or printed in ink. Give complete information. Be specific. Claim form and documentary evidence in support of claim must be submitted in duplicate. CLAIM FORM MUST BE SIGNED BY THE CLAIMANT AND MUST BE NOTARIZED.

1. Name & Mailing address of claimant: _____
 _____ ZIP _____
 Home Telephone _____ Business Telephone _____

2. Date claim accrued: _____
 (Date of death of peace officer/fireman)

3. How long had deceased been employed as a peace officer/fireman? _____

4. The following documents must accompany this claim:
- (a) Death certificate.
 - (b) Affidavit from head of agency where deceased was employed stating status of employment and circumstances of death of deceased.

5. List all dependents of deceased, including spouse, children, parents, children by previous marriage, if any. (Attach additional sheet if more space is needed.)

Full name & address of dependent	Relationship to deceased	Age	Was deceased contributing to support?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Geographic location of place of injury or death. _____

7. Statement of Facts. Tell in your own words the circumstances related to the death of the peace officer/fireman. Include name of deceased.

(Attach additional sheets if needed)

The claimant respectfully prays that the Board of Adjustment will take cognizance of this claim and upon consideration thereof, make an award.

Signature of Claimant

IF CLAIMANT IS REPRESENTED BY AN ATTORNEY, GIVE NAME & ADDRESS:

Telephone _____



STATE OF ALABAMA)
)
_____ COUNTY) AFFIDAVIT

Before me, _____ a Notary Public in and for said State and County, personally appeared _____, who being made known to me and being informed of the contents of this petition and the statements by him/her therein and being by me duly sworn, says statements are true and correct.

Sworn to and subscribed before me this _____ day of _____, 20____.

Signature of Notary