



DAVENPORT

HUMAN RESOURCES

Claims Appeal Process (Incident)

Name: _____

Today's Date: _____

Claim Number: _____

Date of Incident: _____

What are you appealing?

What new evidence do you have to support your appeal?

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

City of Davenport
Attn: Kelley Shook
226 W. 4th Street
Davenport, IA 52801

Via Fax: (563) 888-2086

Via Email: kelly.shook@davenportiowa.com