

**NOTICE OF CLAIM FORM**

800-942-0162 410-260-7684 Fax: 410-974-2865

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 numbers:

(Home #)

(Work #)

2. Date 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's Signature

NOC.FRM