

**NOTICE OF CLAIM**

New Mexico Highlands University  
Purchasing Department  
P.O. Box 9000  
Las Vegas, NM 87701

Date and Time of Incident: \_\_\_\_\_

Claimant's Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Please describe how the incident occurred and why you feel NM Highlands University is at fault:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are you making claim for: i.e. bodily injury, property damage.

\_\_\_\_\_

Please describe injury or property damage.

\_\_\_\_\_

\_\_\_\_\_

Notice of claim must be made in writing to New Mexico Highlands University within 90 days from the date of loss.

Mail or Fax to NMHU, Purchasing Department, P.O. Box 9000, Las Vegas, NM 87701 Phone Number: (505)-454-3443 Fax Number: (505)-454-3109.

NNMU will send your claim to Risk Management Division, PO Drawer 26110, Santa Fe, NM 87502-0110 Phone: (505)-827-0457 Fax: (505)-827-2969.