

543—1.3(25A) Form of claims. All claims should be typewritten, but claims printed by hand will be accepted if legible.

1.3(1) *Place of filing.* Claims shall be filed in triplicate with the Department of Management, State Capitol, Des Moines, Iowa 50319.

1.3(2) *Verification.* Claims shall be verified.

1.3(3) *Names and signatures.* A claim shall state thereon the name, address, telephone number, and age of the person making the claim and the name, address and telephone number of the attorney, if any, preparing the claim, and their signatures.

1.3(4) *Designation by number.* The executive secretary shall assign a number to each claim. Thereafter it may be referred to by such a number.