

CITY OF EDMONDS CLAIM FOR DAMAGES FORM

Date Claim Form Received by City _____
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Please take note that _____, who currently resides at _____
_____, mailing address _____
_____, home phone # _____, work phone # _____, and who resided at _____
_____ at the time of the occurrence and whose date of birth is _____, is claiming damages
against _____ in the sum of \$ _____ arising out of the following circumstances listed below.

DATE OF OCCURRENCE: _____ **TIME:** _____

LOCATION OF OCCURRENCE: _____

DESCRIPTION:

1. Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage.

_____ (attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.

3. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

4. Have you submitted a claim for damages to your insurance company? _____ Yes _____ No

If so, please provide the name of the insurance company: _____
and the policy #: _____

**** ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY ****

License Plate # _____ Driver License # _____

Type Auto: _____
(year) (make) (model)

DRIVER: _____ **OWNER:** _____

Address: _____ Address: _____

Phone#: _____ Phone#: _____

Passengers:

Name: _____ Name: _____

Address: _____ Address: _____

* * NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED * *

I, _____, being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof and believe the same to be true. I further acknowledge that any information I provide as part of this claim may be considered a public record and may be subject to disclosure pursuant to RCW 42.56.

X _____

X _____

Signature of Claimant(s)

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Signature

Title

My appointment expires: _____

Please present the completed claim form to: City Clerk's Office
City of Edmonds
121 5th Avenue North
Edmonds, WA, 98020
8:00 a.m. to 4:30 p.m.