

CITY OF EDMONDS CLAIM FOR DAMAGES FORM

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| 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: _____

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Claimant
Or

Date and place (residential address, city and county)

Signature of Representative

Date and place (residential address, city and county)

Print Name of Representative

Bar Number (if applicable)

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.