

# CLAIM FOR DAMAGES FORM

Date Claim Form  
Received by Member

MEMBER CITY/ORGANIZATION: CITY OF AUBURN

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 the City of Auburn 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.

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 \_\_\_\_\_