



CLAIM FOR DAMAGES FORM

COA Claim Number: _____

Return to: City of Auburn City Clerk
25 W Main Street, Auburn, WA 98001

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 **

Form section for additional information including License Plate #, Driver License #, Type Auto (year, make, model), DRIVER, OWNER, Passengers (Name, 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 _____