

Original: City Clerk
Copy to: Legal
WCIA
Department

CLAIM FOR DAMAGES FORM

City File No.: _____

**Date Claim Form
Received by Member**

MEMBER CITY/ORGANIZATION: CITY OF AUBURN

Please take note that _____, who resides at _____, mailing address _____, home phone # _____, work phone # _____, is claiming damages against 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 occurrence explaining the nature of the defects or acts of negligence causing damages.

(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)

Signature of Notary _____ My commission expires: _____