CLAIM FOR DAMAGES FORM

Date Claim Form Received by Member
_____

MEMBER CITY/ORGANIZATION: _____

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 or anyone having knowledge about the incident 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 _____