

**City Use Only**

Date Received: \_\_\_\_\_

**City of Lake Stevens**  
**CLAIM FOR DAMAGES**



**Claimant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current residential address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Residential address at the time the claim arose: \_\_\_\_\_

Phone number (work, home, or cell) \_\_\_\_\_

Email address: \_\_\_\_\_

**Incident Information**

Date of the incident: \_\_\_\_\_ Time: \_\_\_\_\_

If the incident occurred over a period of time, date of first and last occurrences: \_\_\_\_\_

Location of incident (e.g., street address): \_\_\_\_\_

Name, addresses and telephone numbers of all persons involved in or witness to this incident:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Name of all City employees having knowledge of this incident:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**WHAT HAPPENED?** Describe the cause of the injury or damages. Explain the extent of the property loss or medical, physical or mental injuries. Additional pages and supportive documentation as necessary:

Has this incident been reported to law enforcement? If so, which agency and name of officer (if known): \_\_\_\_\_

Have you filed a claim with your insurance carrier? If so, what is their name, phone number and claim number: \_\_\_\_\_

Name address and telephone numbers of treating medical providers. Please attach billings and records if available:

---

---

**\*For Automobile Claims Only\***

License Plate # \_\_\_\_\_ Year/ Make/ Model \_\_\_\_\_

Driver Name, Address & Phone \_\_\_\_\_

Owner Name, Address & Phone \_\_\_\_\_

Passenger(s) Name, Address & Phone \_\_\_\_\_

**Amount Claimed**

I am claiming damages in the amount of \_\_\_\_\_

**Signature of Claimant**

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct. This Claim form must be signed by the Claimant, a person holding a written power of attorney from 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.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

**Submission of Claim**

**Email to:**

risk@lakestevenswa.gov

**Mail to:**

PO Box 257  
Lake Stevens, WA 98258

**Deliver to:**

Lake Stevens City Hall  
1812 Main Street  
WA 98258  
Front Desk

Business Hours Monday through  
Friday, 9:00 a.m. – 12:00 p.m and  
1:00 p.m. - 4:00 p.m.

or

Dropbox next to City Hall front  
entrance