



Date Claim Form Received by Member: _____

CLAIM FOR DAMAGES FORM

MEMBER CITY/ORGANIZATION: City of Sumner

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. 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.

State of Washington

County of _____

X _____

X _____

Signature of Claimant(s)

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.

Signature: _____ Dated: _____

Title: _____ My appointment expires _____

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