



# CLAIM FOR DAMAGES FORM

MEMBER CITY/ORGANIZATION: City of Sumner

Date Claim Form Received by Member: \_\_\_\_\_

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:

- 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)
- Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.
- 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)	
<b>DRIVER:</b> _____	<b>OWNER:</b> _____
Address: _____	Address: _____
Phone#: _____	Phone#: _____
<b>Passengers:</b>	
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 \_\_\_\_\_