

PRESENTATION OF A CLAIM INSTRUCTIONS

This City of Sumner Claim for Damages form must be signed, and the form *with original signature* (not a photocopy or scanned copy) must be mailed *or* delivered to:

Mail to:

City Clerk's Office
1104 Maple Street
Sumner, WA 98390

Deliver to:

Sumner City Hall
Attn: City Clerk
1104 Maple Street
Sumner, WA 98390
8:00am-5:00pm M-Th

Upon receipt of your complete claim form, the City and/or its insurer will begin processing and reviewing the matter in order to determine an appropriate resolution. It is to your advantage to present with your claim along with relevant supporting documents (receipts, cancelled checks, estimates, billings, etc.) or additional evidence (photos, diagrams, etc.). Please note that the claim form and other supporting documents filed with the City Clerk are considered public records under the Revised Code of Washington Chapter 42.56, the Public Records Act. Public records are presumed subject to disclosure upon request.

If you have any questions about filing, please contact Michelle Converse, City Clerk, during normal business hours Monday-Friday 8:00 am – 5:00 pm. Please also see Sumner Resolution 1190 and RCW 4.96.020 for more information regarding the claim filing process.



Print Form

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 _____

CLAIM FOR DAMAGES FORM