



CLAIM FOR DAMAGES

CAC NO. _____

Claimant Personal Information

Claimant's Name: _____ Date of Birth: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Incident Information

Date/Time of Incident: _____ Amount of Claim: \$ _____

Location of Incident: _____

Description of Incident: (Describe cause and extent of damage, include all details)

(for additional space please use reverse side)

Witnesses: Name, Address, Phone Number of each

Police / Insurance Information

Was a Police Report filed? Yes No Report No: _____

Did you notify your Insurance Company? Yes No

If yes, please provide Insurance Company Name: _____

Address: _____

Agent's Name: _____

Phone No: _____ Policy No: _____

Signature: _____

Date: _____

Return completed claim form to: **City of Lynnwood, City Clerk's Office, PO Box 5008, Lynnwood, WA 98046.** If you have any questions please call (425) 670-5161.

