

CLAIM FOR DAMAGI	ΞS
CAC NO	

Claimant's Name:	Claimant Persor	nal Information		
Address: Work Phone: Work Phone:	Claimant's Name:	Date of Birth:		
Incident Information Date/Time of Incident: Amount of Claim: \$ Location of Incident: Amount of Claim: \$ 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:			
Date/Time of Incident: Amount of Claim: \$				
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Location of Incident:	Incident Inf	<u>formation</u>		
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	Did you notify your Insurance Company? Yes ☐] No □		
	If yes, please provide Insurance Company Name	:		
	Address:			
Agent's Name:				
Phone No: Policy No:				
Signature:	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.

Fill in all applicable blanks. All claimants are required to present bills, estimates, or invoices where appropriate in support of any claims made.

Property Damage		<u>y Damage</u>	<u>Propert</u>	
COST OR DATE OF VALUE WHEN COST OF PURCHASE OR PURCHASED REPAIR OR AMOUNT ACQUISITION OR ACQUIRED CLEANING CLAIMED	REPAIR OF	VALUE WHEN PURCHASED	PURCHASE OR	ITEM
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Description of incident continued from front page