



City of Seattle CLAIM FOR DAMAGES

CITY USE ONLY	
CLAIM NUMBER	
DATE FILED	

Note:
Type or Print Legibly.
See instructions on back.

CLAIMANT	NAME (FIRST - MIDDLE - LAST, OR BUSINESS NAME)	<u>DATE OF BIRTH</u>	HOME PHONE
CURRENT HOME ADDRESS (NUMBER - STREET - CITY - STATE - ZIP)			BUS. PHONE
HOME ADDRESS AT THE TIME THE CLAIM AROSE (NUMBER - STREET - CITY - STATE - ZIP)		CELL PHONE	E-MAIL ADDRESS

ACCIDENT/LOSS	DATE	TIME	DIAGRAM Use if this will help you locate or describe what happened	
LOCATION/SITE	BE VERY SPECIFIC: STREETS, ADDRESSES, etc.			

WHAT HAPPENED?	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE. (additional space on reverse side or attach additional pages and supportive documents as needed)		

NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THIS INCIDENT	CITY DEPT?
1) _____ 2) _____ 3) _____ _____ _____	CITY EMPLOYEE
Ph: _____ Ph: _____ Ph: _____	CITY VEHICLE NUMBER, LICENSE, etc.

WAS YOUR PROPERTY DAMAGED? (i.e. Home, Auto, Personal Property)

YES IF SO, THEN FULLY DESCRIBE - SUCH AS AGE, MAKE, MODEL, CONDITION, VALUE, OR EXTENT OF DAMAGE

NO (additional space on reverse side or attach additional pages and supportive documents as needed)

WERE YOU INJURED? YES IF YES, THEN COMPLETE THE FOLLOWING:
 NO (additional space on reverse side or attach additional pages and supportive documents as needed)

DESCRIBE YOUR INJURY (IDENTIFY YOUR DOCTOR(S)) _____

WAGE LOSS YES NO IF YES, THEN RATE OF PAY: _____

KIND OF WORK _____ EMPLOYER _____

AMOUNT CLAIMED \$ _____

SIGNATURE OF CLAIMANT
(AND TITLE, IF A BUSINESS)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

This claim form must be signed by the Claimant, verifying the claim; or pursuant to a written power of attorney, by the attorney in fact for the claimant; or by an attorney admitted to practice in Washington State on the claimant's behalf; or by a court-approved guardian or guardian ad litem on behalf of the claimant.

EXECUTED this _____ day of _____, 20____,

At _____, _____ County, Washington

X _____

