

Note:

CITY USE ONLY

CLAIM NUMBER

DATE FILED

Type or Print Legibly. CLAIM FOR DAMAGES See instructions on back. Image: Claim for the second s					DATE FILED
CLAIMANT NAME (FIRST - MIDDLE - LAST, OR BUSINESS NAME) DATE OF BIRTH				ATE OF BIRTH	HOME PHONE
CURRENT HOME ADDRESS (NUMBER – STREET – CITY – STATE – ZIP)					BUS. PHONE
HOME ADDRESS AT THE TIME THE CLAIM AROSE CELL PHONE (NUMBER – STREET – CITY – STATE – ZIP)					
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
					CITY VEHICLE NUMBER, LICENSE, etc.
Ph:	Ph:	Ph:			
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?					
VVERE TOUTINJURED: INO (additional space on reverse side or attach additional pages and supportive documents as needed) DESCRIBE YOUR INJURY (IDENTIFY YOUR DOCTOR(S))					
WAGE LOSS					
KIND OF WORKEMPLOYER					
AMOUNT CLAIMEI) \$				
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 EXECUTED thisday of					, 20,
the attorney in fact for the claimant; or by an attorney admitted to practice in Washington State on the claimant's At,				County, Washington	
behalf; or by a court-approved guardian or guardian ad litem on behalf of the claimant. X					

PRESENTATION OF A CLAIM

This official City of Seattle document must be signed, and mailed or delivered

Mail to: CITY CLERK'S OFFICE PO BOX 94728 Seattle, WA 98124-4728 Deliver to: CITY HALL 600 Fourth Avenue, 3rd Floor Between James St. & Cherry St. Business Hours: Monday-Friday, 8:00 AM-5:00 PM Closed on Weekends and Official City of Seattle Holidays

An adjuster will be assigned to your claim after it is filed with the City Clerk's Office. **It is to your advantage** to present with your claim 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 Revised Code of Washington Chapter 42.56, the Public Records Act. Public records are presumed subject to disclosure upon request. Additional Claim forms can be downloaded from the Risk Management website. (http://www.seattle.gov/riskmanagement)

EXPLANATION OF THE CLAIMS PROCESS

The day after your Claim is filed in the City Clerk's Office, it is delivered to the Claims Section. The Claim is then assigned to an adjuster who will conduct an investigation which includes a written response from the involved department. The Claims Section will then evaluate and recommend a reasonable resolution of your Claim, which will be one of three alternatives

- 1. Pay a sum of money
- 2. Tender transfer to another party or entity responsible for your alleged damage
- 3. Deny where there is no evidence of any negligence by the City

If you have any questions, then do not hesitate to call the Claims Section at 206-684-8213.

CS 19.10 REV. 5/13

THIS SPACE PROVIDED FOR ADDITIONAL INFORMATION