

CLAIM FOR DAMAGES FORM

Date Claim Form
Received by Member

MEMBER CITY/ORGANIZATION:

Please take note that _____, who resides at _____, mailing address _____, home phone # _____, work phone # _____, 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 occurrence explaining the nature of the defects or acts of negligence causing damages.

(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: Address: _____	OWNER: 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.

X _____

X _____

Signature of Claimant(s)

State of Washington
County of _____

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.

Dated: _____

Signature _____

Title _____

My appointment expires _____