

**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:** \_\_\_\_\_ **OWNER:** \_\_\_\_\_

Address: \_\_\_\_\_ 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 \_\_\_\_\_