

CLAIM FOR DAMAGES

In order for your claim to be considered, this document must be completed, signed and filed with the Finance Director (serving as Risk Management Officer) or City Clerk. Unless married, each claimant must submit their own separate claim.

In Person:

City Hall (Mon-Fri - 9AM-5PM)
130 E. Sunset Way
Issaquah, WA 98027

By Mail:

Finance Director (Risk Management Officer)
P.O. Box 1307
Issaquah, WA 98027-1307

If more space is needed, attach separate sheet to claim, along with any documentation needed to substantiate claim.

Name of Claimant: _____ Date of Birth: _____

Current Residential Address: _____

Mailing Address (if different): _____

Residential Address at time of incident (if different from above) _____

Telephone (Day) _____ (Evening) _____ (Cell) _____ Email: _____

<p><u>AMOUNT CLAIMED:</u></p> <p>\$ _____</p> <p><i>If available, submit written Estimate of Repairs – if unsure, write "to be determined"</i></p>

DATE/TIME: Injury and/or Property Damage occurred on _____ at _____ **A.M.** or **P.M.**
(DATE) (TIME) (CIRCLE ONE)

LOCATION of Incident (address, building, cross street, milepost, landmarks):

DESCRIBE HOW Injury/Damage occurred and what you believe was the cause(s) of the incident:

DESCRIBE NATURE of Injury or Item Damaged including Extent of Injury/Damage (if Police were involved – provide Case #):

<p><u>CITY OF ISSAQUAH EMPLOYEE ON SITE? If yes -</u></p> <p>Name: _____</p> <p>Department: _____</p> <p>Telephone: _____</p> <p>Was Employee Involved? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Please Explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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PLEASE PROVIDE A LIST OF ALL WITNESSES WITH THEIR NAME, ADDRESS, AND TELEPHONE NUMBERS:

FOR AUTO CLAIMS ONLY (ATTACH ADDITIONAL SHEETS FOR MORE PASSENGERS INFORMATION, IF NEEDED)

Claimant Vehicle License #: _____ State of Registration: _____

ACTUAL DRIVER INFORMATION

LEGAL VEHICLE OWNER INFORMATION

Driver's License No. _____ State _____

Name: _____

Name: _____

Address: _____

Address: _____

Telephone (Day) _____

Telephone (Day) _____

(Evening/Cell) _____

(Evening/Cell) _____

PASSENGER

PASSENGER

Name: _____

Name: _____

Address: _____

Address: _____

Telephone (Day) _____

Telephone (Day) _____

(Evening/Cell) _____

(Evening/Cell) _____

FOR ALL CLAIMS - Have you submitted a claim to your insurance carrier: No Yes – if so, when? _____

Insurance Company: _____

Policy # _____ Claim # _____

Adjuster's Name/Phone _____

CLAIMANT(S) SIGNATURE(S): Claim form must be signed by the adult Claimant (18 years or older) – or by both adults if the claim is jointly filed by a married couple; by the parent on behalf of a child suffering injury or loss; by a person holding a written power of attorney from the claimant; by the attorney in fact for the Claimant; 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.

I/we, _____, being duly sworn, depose and say that I/we am/are the claimant(s) for the above described; that I/we have read the above claim, know the contents thereof and believe the same to be true, under penalty of perjury under laws of the State of Washington.

X _____

X _____
SIGNATURE OF BOTH MARRIED CLAIMANT(S) – ONLY IF JOINT CLAIM