

CLAIM FOR DAMAGES FORM

Date Claim Form
Received by Member

MEMBER CITY/ORGANIZATION: City Westport

Please take note that _____, who currently resides at _____, _____, mailing address _____, home phone # _____, work phone # _____, and who resided at _____ at the time of the occurrence and whose date of birth is _____ 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 the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage

(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 _____

Instructions for Completing the Claim Form

- Before filing a Claim, please read these instructions to the Claim form.
- Type or print clearly in ink and have your signature notarized.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
- The following is an explanation of the information requested:

Please take note that _(Claimant's name)_____, who currently resides at _(claimant's current physical address)_____, mailing address _(claimant's current mailing address)_____, home phone # _(current phone #)_____, work phone # _(if applicable or cell phone)_____, and who resided at _(if different from above physical address)_____ at the time of the occurrence and whose date of birth is _(claimants birth date)_____ is claiming damages against the City of Westport in the sum of \$_(amount of claim)_____ arising out of the following circumstances listed below.

DATE OF OCCURRENCE: _(incident date)_____ (if the incident occurred over a span of time, put the beginning and ending date here)_____

TIME: _(time of incident)_____

LOCATION OF OCCURRENCE: (include as much information as possible on the location)

DESCRIPTION:

Item 1. Provide as much detail information describing the incident and circumstances surrounding the situation that occurred.

Item. 2. List any witnesses to the incident, including address and phone numbers.

Item. 3. You must attach all documents relating to injuries, losses, and/or repair estimates.

Item 4. Self explanatory

Complete the information in the box **only** for automobile claims.

Have your signature notarized and submit the form with attachments to the City of Westport, P O Box 505, 740 N Montesano St, Westport, WA 98595