



CLAIM FOR DAMAGES

Clerk's Date Stamp

Complete all sections to ensure prompt review of your claim (including reverse side). Please type or print clearly in ink.

**Mail or Deliver to: City Clerk's Office, 625 Swift Boulevard MS-07, Richland, WA 99352 Phone: (509) 942-7389
Office Hours: Mon-Fri 8:00 a.m. - 5:00 p.m. (except holidays). This form cannot be submitted electronically.**

Claimant's name:		Current residential address:	
Claimant's Birthdate:		Phone:	Email:
Incident Location or Street Intersection		Residence at the time of the Incident <i>(if different)</i> :	
		Current mailing address <i>(if different)</i> :	
Incident Date/Time:	Amount Claimed:	Has incident been reported to any city personnel? If yes, when and to whom?	
Name/address/phone number of witnesses or involved parties:			
1. _____		<i>If more space is needed for any of these items, attach a separate sheet.</i>	
2. _____			
3. _____			
4. _____			
Accurately describe the incident, including an adequate description of the damage or injury and how the City is at fault. See reverse side for additional details regarding auto claims/property damage.			

State of Washington
County of Benton

Note: This claim form must be signed by either the Claimant or on behalf of the Claimant by an attorney-in-fact who holds a written power of attorney for the Claimant, or by an attorney at law admitted to practice in the State of Washington, or by a court-approved guardian or guardian ad litem.

I, _____, being duly sworn and on oath depose and say that the above claim information is true and correct; that I am the sole owner or person entitled to reimbursement for damages and that I executed the same as my free act and deed.

Claimant signature (**sign in presence of a notary**)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public in and for the State of Washington

Notary Stamp

Signature of Notary

ATTACH COPIES OF ALL DOCUMENTS IN SUPPORT OF YOUR CLAIM FOR EXPENSES

PLEASE COMPLETE:	SECTION I.	FOR PROPERTY DAMAGE CLAIMS
	SECTION II.	FOR AUTOMOBILE DAMAGE CLAIMS

I. PROPERTY DAMAGE

Have you attached estimates for repair/replacement? Yes No

Have you submitted a claim to your insurance company? Yes No

Owner's insurance company and policy number, if applicable:

<i>Damaged item</i>	<i>Date acquired</i>	<i>Cost of repair/cleaning</i>	<i>Amount claimed</i>

II. AUTOMOBILE CLAIMS - ADDITIONAL INFORMATION REQUIRED

Has this incident been reported to law enforcement? If yes, when and to whom?

Type of Auto: Year Make & Model License Plate No.

Have you attached estimates for repair/replacement? Yes No

Have you submitted a claim for damages to your insurance company? Yes No

Owner's Auto Insurance Company and Policy No.:

DRIVER INFORMATION	REGISTERED OWNER INFORMATION
Name of Driver:	Registered Owner Name:
Driver License No.:	Registered Owner Address:
Driver Address:	
Driver Phone No.:	Registered Owner Phone No.:

PASSENGER ONE INFORMATION	PASSENGER TWO INFORMATION
Name:	Name:
Address:	Address:
Phone No.:	Phone No.:

City Clerk's Office Use Only:
 ✓ Date Record Set Created in SharePoint: _____
 ✓ Date Linked to Risk & Safety Program Administrator: _____