



City of Washougal

Claim for Damages Form

Finance
1701 C Street
Washougal, WA 98671
(360) 835-8501 • Fax (360) 835-8808
www.cityofwashougal.us

For City Use Only:

Date Received by Risk Management

Pursuant to Chapter 4.96 RCW, this form is for filing a claim for damages against the City of Washougal. Please complete the form and enclose any supporting documentation (estimates, receipts, photos etc.). This form must be signed by the claimant in the presence of a notary.

Return the signed and completed form either in person or mail to:
The City of Washougal City Hall
Office of Human Resources
1701 C Street
Washougal, WA 98671

Note: faxes and e-mails will not be accepted. Once the claim has been filed with the City, it will be submitted to the Washington Cities Insurance Authority for investigation.

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: _____

Address: _____

Phone #: _____

Owner: _____

Address: _____

Phone #: _____

Passengers:

Name: _____

Name: _____

Address: _____

Address: _____

*** * NOTE: THIS FORM MUST BE SIGNED * ***

I am claiming damages in the amount of _____.

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct. This Claim form must be signed by the Claimant, a person holding a written power of attorney from 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.

Signature of Claimant

Date

(If notarized, for notary to complete)

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: _____