



CLAIMS FOR DAMAGES FORM

Please submit your completed form to:
City of Tumwater, Attn: City Clerk, 555 Israel Rd. SW, Tumwater, WA 98501

Date Claim Form Received by City _____

Please take note that _____,
who resides at _____,
home phone _____, work phone _____, and who resided at
_____ at the time of the occurrence and whose date of birth is
_____ is claiming damages against the City of Tumwater in the sum of \$ _____ arising out of the
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 additional sheet(s) as needed for complete information)

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.

Additional Information Required for Automobile Claims Only

License Plate number _____ Driver License number _____

Auto Type: _____
(year) (make) (model)

DRIVER: _____ OWNER: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

PASSENGERS:

Name: _____ Name: _____

Address: _____ Address: _____

Owner's Insurance Company: _____

Policy Number: _____

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

****Note: THIS FORM MUST BE SIGNED AND NOTARIZED****

I, _____, being first duly sworn, depose and say that I am the claimant for
above described; that I have read the above claim, know the contents thereof and believe the same to be true.

(Claimant's Signature)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

(Notary Public in and for the State of Washington)