

**CITY OF SHELTON**  
Claim for Damages Form Information

DEAR CLAIMANT:

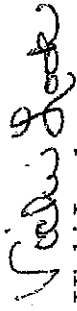
Please submit the attached Claim for Damages form. The form should be complete, notarized, and returned with any substantiating documents that you wish to present with your claim, as required by State Law (RCW.4.96.020).

Submission of a Claim for Damages form does not guarantee payment by the City or its insurance carrier(s). A claims adjuster will review and investigate the incident and determine if the City has any liability. If it is determined that the City has a responsibility to you, the amount of a claim payment will be based on the level of City liability, the level of your liability (if any), and the depreciated value (not replacement value) of the property damaged. Once you have fully completed the Claim for Damages form, please return it to:

Vicki Look, City Clerk  
City of Shelton  
525 W. Cota  
Shelton, WA 98584  
Phone (360) 432-5105 ♦ FAX (360) 426-1338

We will submit your claim to our insurance carrier, the Washington Cities Insurance Authority, and it will be assigned to an adjuster for investigation. You can expect an adjuster to contact you within approximately ten days.

Sincerely,

  
Vicki Look  
Risk Management

PLEASE REMOVE THIS SHEET WHEN SUBMITTING A CLAIM.  
Retain for reference/contact information.

# CLAIM FOR DAMAGES FORM

Date Claim Form  
Received by Member

MEMBER CITY/ORGANIZATION: CITY OF SHELTON

Please take note that \_\_\_\_\_ who resides at \_\_\_\_\_  
\_\_\_\_\_ mailing address \_\_\_\_\_  
\_\_\_\_\_ home phone # \_\_\_\_\_ work phone # \_\_\_\_\_ 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 occurrence explaining the nature of the defects or acts of negligence causing damages.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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)	
<b>DRIVER:</b> _____	<b>OWNER:</b> _____
Address: _____	Address: _____
Phone#: _____	Phone#: _____
<b>Passengers:</b> _____	<b>Name:</b> _____
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