

CLAIM FOR DAMAGES FORM

Date Claim Form
Received by Member

MEMBER CITY/ORGANIZATION: _____ CITY OF SHELTON _____

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 _____