

INSTRUCTIONS FOR COMPLETING CITY OF KIRKLAND CLAIM FOR DAMAGES FORM

- Read these instructions before completing form.
- Type or print legibly using ink.
- Fill out form completely on both sides
- Submit any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
- The Claim for Damages form needs to be notarized before submitting.
- Completed forms can be mailed to: City Clerk's Office, City of Kirkland, 123 Fifth Avenue, Kirkland, WA 98033-6189
- Completed forms can be hand-delivered to the Information Desk at Kirkland City Hall. Business hours are Monday - Friday, 8:00 a.m. – 5:00 p.m.
- Original form must be submitted. Faxed or electronic forms will not be accepted.
- Questions concerning the form or process can be directed to City of Kirkland, Safety/Risk Analyst at 425-587-3214.



CLAIM FOR DAMAGES
Mail To: City of Kirkland
Attn: City Clerk's Office
123 Fifth Avenue
Kirkland, Washington 98033-6189
(425) 587-3000

_____ Date Filed

Or Hand Deliver to: Information Desk, Kirkland City Hall
Business hours: Monday-Friday 8:00 a.m. – 5:00 p.m.

Please take note that _____, who currently resides at _____, mailing address _____, home phone # _____, work phone # _____, and who resided at _____ at the time of 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:

- Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage:

(attach an extra sheet or use back side for additional information if needed)

- Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.

- Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

- 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 #: _____

