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 notorarized 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:

1. 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)

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's License # _____

Type Auto: _____ _____ _____

(year) (make) (model)

DRIVER: _____ **OWNER:** _____

Address: _____ Address: _____

_____ _____

Phone #: _____ Phone #: _____

PASSENGERS:

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

**** NOTE: THIS FORM MUST BE SIGNED BEFORE A NOTARY ****

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

SIGNED AND SWORN TO before me this _____ day of _____, _____.

_____

Notary's Signature

_____

Print Notary's Name

NOTARY PUBLIC in and for the State of

Washington, residing at _____

My commission expires _____