

## **CLAIM FOR DAMAGES**

Mail To: City of Kirkland Attn: City Clerk's Office

123 Fifth Avenue

Kirkland, Washington 98033-6189

Or Hand Deliver to: Information Desk, Kirkland City Hall

Business hours: Monday-Friday 8:00 a.m. - 5:00 p.m. (425) 587-3000

Date Filed

		Submices hours. Monday Mady electrical Stock Phillips (1257 567 5665				
Please	take note that					
Who c	urrently resides a	t , 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.				
	OF OCCURRENCE:					
DESCF	RIPTION:  Describe the co injury or damag	nduct and circumstance that brought about the injury or damage. Also describe the				
2.	Provide a list of numbers.	(Attach an extra sheet or use back side for additional information if needed) witnesses, if applicable, to the occurrence including names, addresses, and phone				
3.	•	f all documentation relating to expenses, injuries, losses, and/or estimates for repair.				
4.	-	itted a claim for damages to your insurance company? Yes No				
	If so, please pro	vide the name of the insurance company:				
	Policy #:					

## \*\* ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY \*\*

License Plate #			Driver's License	#	
Type Auto:					
7,700	(year)		(make)	(model)	
DRIVER:			OWNER:		
Address:			Address:		
Phone #:			Phone #:		
PASSENGERS:					
Name:			Name:		
Address:			Address:		
** NOTE: THIS FO	RM MUST BE SIGNED	BEFORE A NOT	ARY. NOTARY SERVI	CES ARE AVAILABLE AT CITY F	IALL **
I,				n, depose and say that I am the c	
above described; that	I have read the above cl	aim, know the co	ntents thereof, and bel	lieve the same to be true.	
			Claimant's Sig	nature	
SIGNED AND SWORN 1	TO before me this	day of		·	
			Notary's Signa	uture	
			Print Notary's	Name IC in and for the State of	
				residing at	
			My commissio	on expires	