



# CLAIMS FOR DAMAGES FORM

Please submit your completed form to:  
City of Tumwater, Attn: City Clerk, 555 Israel Rd. SW, Tumwater, WA 98501

Date Claim Form Received by City _____
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Please take note that \_\_\_\_\_,  
who resides at \_\_\_\_\_,  
home phone \_\_\_\_\_, work phone \_\_\_\_\_, and who resided at  
\_\_\_\_\_ at the time of the occurrence and whose date of birth is  
\_\_\_\_\_ is claiming damages against the City of Tumwater in the sum of \$ \_\_\_\_\_ arising out of the  
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 additional sheet(s) as needed for complete information)

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.

**Additional Information Required for Automobile Claims Only**

License Plate number \_\_\_\_\_ Driver License number \_\_\_\_\_

Auto Type: \_\_\_\_\_  
(year) (make) (model)

DRIVER: \_\_\_\_\_ OWNER: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PASSENGERS:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Owner's Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Have you submitted a claim for damages to your insurance company?  Yes  No

**\*\*Note: THIS FORM MUST BE SIGNED AND NOTARIZED\*\***

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)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public in and for the State of Washington)