



City of Seattle CLAIM FOR DAMAGES

CITY USE ONLY	
CLAIM NUMBER	
DATE FILED	

Note:
Type or Print Legibly.
See instructions on back.

CLAIMANT	NAME (FIRST - MIDDLE - LAST, OR BUSINESS NAME)	HOME PHONE												
CURRENT HOME ADDRESS (NUMBER - STREET - CITY - STATE - ZIP)		BUS. PHONE												
HOME ADDRESS SIX MONTHS IMMEDIATELY PRIOR TO THE TIME THE CLAIM AROSE (NUMBER - STREET - CITY - STATE - ZIP)		CELL PHONE												
ACCIDENT/LOSS	DATE	TIME												
LOCATION/SITE	BE VERY SPECIFIC: STREETS, ADDRESSES, etc.													
WHAT HAPPENED?	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE.													
		<table border="1"> <tr> <td colspan="3">DIAGRAM Use if this will help you locate or describe what happened</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	DIAGRAM Use if this will help you locate or describe what happened											
DIAGRAM Use if this will help you locate or describe what happened														
		CITY DEPT?												
		CITY EMPLOYEE												
		CITY VEHICLE NUMBER, LICENSE, etc.												

WAS YOUR PROPERTY DAMAGED? (i.e. Home, Auto, Personal Property)

YES IF SO, THEN FULL DESCRIBE - SUCH AS AGE, MAKE, MODEL, CONDITION, VALUE, OR EXTENT OF DAMAGE

NO

WERE YOU INJURED? YES NO IF YES, THEN COMPLETE THE FOLLOWING:

DESCRIBE YOUR INJURY (IDENTIFY YOUR DOCTOR(S)) _____

DATE OF BIRTH _____ WAGE LOSS YES NO IF YES, THEN RATE OF PAY: _____

KIND OF WORK _____ EMPLOYER _____

AMOUNT CLAIMED \$ _____

SIGNATURE OF CLAIMANT
(AND TITLE, IF A BUSINESS)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

EXECUTED this _____ day of _____, 20____,

At _____, _____ County, Washington

X _____

PRESENTATION OF A CLAIM

This official City of Seattle document must be signed, and mailed or delivered

Mail to:
CITY CLERK'S OFFICE
PO BOX 94728
Seattle, WA 98124-4728

Deliver to:
CITY HALL
600 Fourth Avenue, 3rd Floor
Between James St. & Cherry St.

An adjuster will be assigned to your claim after it is filed with the City Clerk. **It is to your advantage** to present with your claim relevant supporting documents (receipts, cancelled checks, estimates, billings, etc.) or additional evidence (photos, diagrams, etc.). All documents are subject to the Washington State Public Disclosure Statutes. Additional Claim forms can be downloaded from the Risk Management website. (<http://www.seattle.gov/riskmanagement>)

EXPLANATION OF THE CLAIMS PROCESS

The day after your Claim is filed in the City Clerk's Office, it is delivered to the Claims Section. The Claim is then assigned to an adjuster who will conduct an investigation which includes a written response from the involved department. The Claims Section will then evaluate and recommend a reasonable resolution of your Claim, which will be one of three alternatives

1. Pay a sum of money.
2. Tender – transfer to another party or entity
3. Deny – where there is no evidence of any negligence by the City

If you have any questions, then do not hesitate to call the Claims Section at 206-684-8213.