NOTE:
Please Write Clearly
* Means Required Field
More Instruction on Back

City of Seattle
CLAIM FOR DAMAGES

LEAVE BLANK – CITY USE ONLY

CLAIMANT	NAME (FIRST – MIDDLE – LAST, OR BUSINESS NAME)*	DATE OF BIRTH*	PREFERRED PHONE
CURRENT HOME ADDRESS*			ALTERNATIVE PHONE
ADDRESS AT TIME OF ACCIDENT (IF DIFFERENT)		EMAIL ADDRESS PREFERRED CONTACT METHOD* ☐ EMAIL ☐ PHONE ☐ MAIL	

ACCIDENT / LOSS	DATE* (PROVIDE DATE RANGE IF HAPPENED OVER A PERIOD OF TIME)	TIME OF INCIDENT
LOCATION	PLEASE DESCRIBE EXACTLY WHERE THE INCIDENT OCCURRED: INTERSECTION, CROSS STREETS, ADDRESSES, ETC (***this information is critical to investigate your claim***)	

WHAT HAPPENED?*

DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS HAPPENED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE (additional space is available on back or you can attach additional pages and supportive documents as needed)

NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THIS INCIDENT

1) _____ 2) _____ 3) _____

_____ _____ _____

_____ _____ _____

Ph:_____ Ph:_____ Ph:_____

CITY DEPT?

CITY EMPLOYEE

CITY VEHICLE NUMBER, LICENSE, etc.

WAS YOUR PROPERTY DAMAGED?

☐ YES – IF SO, PLEASE COMPLETE THE BELOW SECTION ☐ NO

DESCRIBE THE DAMAGE (YEAR, MAKE, MODEL, VALUE, WHAT THE DAMAGES ARE)

WERE YOU INJURED?

☐ YES – IF SO, PLEASE COMPLETE THE BELOW SECTION ☐ NO

DESCRIBE YOUR INJURY (IDENTIFY YOUR TREATMENT TO DATE AND YOUR TYPE OF INJURY)

AMOUNT CLAIMED

SIGNATURE OF CLAIMANT*
(AND TITLE, IF A BUSINESS)

This claim form must be signed by the Claimant, verifying the claim; or pursuant to a written power of attorney, by the attorney in fact for the claimant; or by an attorney admitted to practice in Washington State on the claimant's behalf; or by a court-approved guardian or guardian ad litem on behalf of the claimant.

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

DATE SIGNED_____

AT _____, _____County, Washington

X_____

City of Seattle

CLAIM FOR DAMAGES

This official City of Seattle document must be signed before it is filed.

Mail to:
Office of the City Clerk
PO Box 94728
Seattle, WA 98124-4728

Deliver to:
Office of the City Clerk
3rd Floor of City Hall
600 4th Ave (between Cherry and James)
Call 206-684-8344 for open hours
City Hall is closed weekends and official City holidays

To file a claim online, **do not use this form**. Instead, submit your claim through our online portal linked from this page: https://www.seattle.gov/city-finance/file-a-damage-claim

Please provide evidence to support your claim (receipts, checks, estimates, invoices, photos of damage, etc.). **The more information you provide to your adjuster will help the City investigate your claim**. Please note that the claim form and other supporting documents filed with the City Clerk are considered public records under Revised Code of Washington Chapter 42.56, the Public Records Act. This law allows the public to request records, so please do not provide sensitive information such as your social security number or medical records with this form. You can always securely send sensitive information after your adjuster is assigned.

EXPLANATION OF THE CLAIMS PROCESS

Shortly after your claim is filed with the Office of the City Clerk, it is delivered to the Claims Section of the Risk Management Division of the Office of City Finance. The claim is then assigned to a Claims Adjuster. You will receive their contact information along with your claim number within five business days if you provide an email address with your claim submission. Your Adjuster will then investigate your claim. After the investigation, the Claims Section will recommend a reasonable resolution of your claim which will be one of these three:

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

If you have any questions about filing please call 206-684-8213 during business hours Monday-Friday, 8:00 a.m.-5:00 p.m. If you have any questions after filing, reach out to the Claims Adjuster assigned to your claim.

REV 9/26

THIS SPACE PROVIDED FOR ADDITIONAL INFORMATION