



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)	<u>DATE OF BIRTH</u>	HOME PHONE
CURRENT HOME ADDRESS (NUMBER - STREET - CITY - STATE - ZIP)			BUS. PHONE
HOME ADDRESS AT THE TIME THE CLAIM AROSE (NUMBER - STREET - CITY - STATE - ZIP)		CELL PHONE	E-MAIL ADDRESS

ACCIDENT/LOSS	DATE	TIME	DIAGRAM Use if this will help you locate or describe what happened
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LOCATION/SITE	BE VERY SPECIFIC: STREETS, ADDRESSES, etc.		
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WHAT HAPPENED?	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE. (additional space on reverse side or attach additional pages and supportive documents as needed)		
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NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THIS INCIDENT	CITY DEPT?
1) _____ 2) _____ 3) _____ _____ _____	CITY EMPLOYEE
Ph: _____ Ph: _____ Ph: _____	CITY VEHICLE NUMBER, LICENSE, etc.

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

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

NO (additional space on reverse side or attach additional pages and supportive documents as needed)

WERE YOU INJURED? YES IF YES, THEN COMPLETE THE FOLLOWING:
 NO (additional space on reverse side or attach additional pages and supportive documents as needed)

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

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

KIND OF WORK _____ EMPLOYER _____

AMOUNT CLAIMED (if known) \$ _____

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

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.

EXECUTED this _____ day of _____, _____

At _____, _____ County, Washington

X _____

PRESENTATION OF A CLAIM

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 Fourth Ave. (between Cherry and James Sts,
entrances on 4th and 5th Avenues)
Call 206-684-8344 for open hours
Closed on weekends and official City of Seattle holidays

An adjuster will be assigned to your claim after it is filed with the City Clerk's Office. **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.). 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. Public records are presumed subject to disclosure upon request. Additional claim forms can be downloaded from the Risk Management website: (<http://www.seattle.gov/riskmanagement/>)

EXPLANATION OF THE CLAIMS PROCESS

Shortly 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 contact you with your assigned claim number and their contact information and then they will conduct an investigation which includes a written response from the involved department(s). 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 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 then do not hesitate to call 684-8213 during normal business hours Monday-Friday, 8:00 a.m.-5:00 p.m. If you have any questions after filing, call the Claims Adjuster assigned to your claim.

CS 19.10 REV. 12/14

THIS SPACE PROVIDED FOR ADDITIONAL INFORMATION
