



City of Tukwila

6200 Southcenter Boulevard • Tukwila, Washington 98188

Jim Haggerton, Mayor

Attached is a City of Tukwila Claim for Damages form.

State law (RCW 4.96.020) requires this form to be completed in its entirety for a claim to be filed against the City. Please complete the form and enclose any supporting documentation (estimates, receipts, photos, etc.). The form must be signed by the claimant *in the presence of a notary*. Please return the signed and completed form to:

City of Tukwila
Office of the City Clerk
6200 Southcenter Boulevard
Tukwila WA 98188
Business Hours: Monday-Friday, 8:30 a.m. to 5:00 p.m.

Once the claim has been filed with the City, it will be submitted to the Washington Cities Insurance Authority for investigation.

If you have any questions, please call 206-433-1800.

Sincerely,

Christy O'Flaherty, CMC
City Clerk

Attachment

(Rec'd by the City Clerk's Office)



CITY OF TUKWILA, WASHINGTON
Claim For Damages
City Claim # _____

(Rec'd by Risk Management)

Log-in date/time _____

The following party claims damages from the City of Tukwila in the amount of \$ _____, arising out of the circumstances described below:

Claimant Name:	Claimant Date of Birth:
Current Street Address:	Mailing Address:
City/State/Zip:	City/State/Zip:
Home Phone (include area code):	Work Phone (include area code):

Residence address at the time of occurrence (if different from above):

Date of Occurrence:	Time:
---------------------	-------

Location of Occurrence:

OCCURRENCE DESCRIPTION: *(Please see reverse or attach additional sheets if needed.)*

1. Describe the injury or damage, as well as the conduct and circumstance that brought about the injury or damage, and the time and place the injury or damage occurred *(see reverse for additional space)*.

2. Provide a list of persons involved and witnesses to the occurrence *(if applicable)* including names, addresses and phone numbers, if known *(see reverse for additional space)*.

3. Attach copies of all documentation relating to expenses, injuries, losses and/or estimates for repair.

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

If yes, please provide name of insurance company: _____	Policy #: _____
---	-----------------

The following additional claimant information is required for vehicle claims only:

License Plate #:	Driver's License #:
------------------	---------------------

Vehicle Type (year/make/model):

DRIVER NAME:	OWNER NAME(S):
---------------------	-----------------------

Address:	Address:
----------	----------

City/State/Zip:	City/State/Zip:
-----------------	-----------------

Phone:	Phone:
--------	--------

Passenger(s) Name & Address:	Passenger(s) Name & Address:
------------------------------	------------------------------

Owner's Insurance Company:	Policy #:
----------------------------	-----------

Please return this completed, signed and notarized Claim For Damages form to the City Clerk's Office, 6200 Southcenter Boulevard, Tukwila WA 98188; 206-433-1800; M-F, 8:30AM-5PM.

Claim For Damages (*Continued*)

OCCURRENCE DESCRIPTION (*Cont.*): _____

INVOLVED PERSONS AND WITNESS LIST (Names, Addresses and Phone Numbers) (*Cont.*):

CLAIMANT: I, _____, being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof, and believe the same to be true and correct.

Claimant Signature: _____

NOTARY PUBLIC: Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Signature: _____

Name as Commissioned: _____

Notary Public in and for the State of Washington,

Residing at: _____

My Appointment Expires: _____

(for City use only)

ATTACHMENTS:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> POLICE REPORT | <input type="checkbox"/> PHOTOGRAPHS |
| <input type="checkbox"/> COLLISION REPORT | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ESTIMATES | |
| <input type="checkbox"/> BILLS | |

DISTRIBUTION:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> MAYOR'S OFFICE | <input type="checkbox"/> POLICE CHIEF |
| <input type="checkbox"/> CITY ATTORNEY | <input type="checkbox"/> FIRE CHIEF |
| <input type="checkbox"/> PUBLIC WORKS DIRECTOR | <input type="checkbox"/> P&R DIRECTOR |
| <input type="checkbox"/> DCD DIRECTOR | <input type="checkbox"/> OTHER |