

Please print clearly and complete this form in its entirety (two-sided).

Received Date Stamp

# CLAIM FOR DAMAGES FORM

CITY OF MERCER ISLAND, WASHINGTON

Please take note that \_\_\_\_\_,  
who currently resides at \_\_\_\_\_,  
mailing address \_\_\_\_\_,  
with home phone # \_\_\_\_\_ and work phone # \_\_\_\_\_,  
and resided at \_\_\_\_\_,  
at the time of the occurrence and whose date of birth is \_\_\_\_\_, is claiming damages  
against the **CITY OF MERCER ISLAND** in the sum of \$ \_\_\_\_\_ arising out of the following  
circumstances listed below.

**DATE OF OCCURRENCE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**LOCATION OF OCCURRENCE:** \_\_\_\_\_

**DESCRIPTION:**

1. Describe the conduct and circumstances that brought about the injury or damage. Also describe the injury or damages (attach an extra sheet for additional information, if needed).

2. Name(s) of Witnesses	Address(es)	Phone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 so, please provide the name of the insurance company: \_\_\_\_\_  
and the policy #: \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY**

License Plate #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Auto Type: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PASSENGERS:**

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

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

This Claim form must be signed by one of the following (check appropriate box).

- Claimant
- Person holding a written power of attorney from the Claimant
- Attorney in fact for the Claimant
- Attorney admitted to practice in Washington State on the Claimant's behalf
- 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.

\_\_\_\_\_  
Signature of Claimant Date

\_\_\_\_\_  
Place (Residential Address)

\_\_\_\_\_  
(City and County)

Or

\_\_\_\_\_  
Signature of Representative Date

\_\_\_\_\_  
Place (Residential Address)

\_\_\_\_\_  
(City and County)

\_\_\_\_\_  
Print Name of Representative

\_\_\_\_\_  
Bar Number (if applicable)

**CLAIM FOR DAMAGES FORMS MUST BE SERVED UPON THE CITY CLERK'S OFFICE**

Upon receipt of the Claim from the City Clerk, the City Attorney's Office will handle the processing of the Claim by opening a file and forwarding a copy to the appropriate department(s) for investigation. The department(s) generally to return comments to the City Attorney's Office within 3-5 days. The City Attorney reviews the information and recommends either payment or denial of the claim. Finally, the file is forwarded to the City's insurance authority, which does an independent evaluation and either pays the claim or denies it within approximately thirty (30) days.

City Clerk's Office - City of Mercer Island  
9611 SE 36<sup>th</sup> Street, Mercer Island, WA 98040  
Phone: 206-275-7793 | Office Hours: 8:30 am to 5:00pm, Monday-Friday