

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 #: _____

