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

CLAIM FOR DAMAGES FORM

CITY OF MERCER ISLAND, WASHINGTON

Please	e take note that		
who d	currently resides at		
mailir	ng address		
with h	home phone #	and work phone # _	
and re	esided at		
at the	e time of the occurrence and whose	date of birth is	, is claiming damages
again	st the CITY OF MERCER ISLAND in th	e sum of \$	arising out of the following
circur	mstances listed below.		
DATE	OF OCCURRENCE:		TIME:
LOCA	TION OF OCCURRENCE:		
2.	Name(s) of Witnesses	Address(es)	Phone Number(s)
3.		n 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 #:		

Received Date Stamp

ADDIT	IONAL INFORMATIO	ON REQUIRED FOR AUTOMOBILE CLAIMS ONLY	
License Plate #:	nse Plate #: Driver License #:		
Auto Type: Year	Make	Model	
DRIVER:		OWNER:	
Address:		Address:	
Phone #:		Phone #:	
PASSENGERS:			
Name:		Name:	
Address:		Address:	
Court-approved guardian of declare under penalty of perjort	-	on behalf of the Claimant f the state of Washington that the foregoing is true and correct.	
gnature of Claimant	Date	Place (Residential Address)	
		(City and County)	
gnature of Representative	Date	Place (Residential Address)	
		(City and County)	
int 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 36th Street, Mercer Island, WA 98040 cityclerk@mercerisland.gov 206-275-7793