

CLAIM FOR DAMAGES FORM CITY OF RIDGEFIELD, WASHINGTON

Please take note that _____, who currently resides at _____, mailing address _____, home phone # _____, work phone # _____, and who resided at _____ at the time of the occurrence and whose date of birth is _____ is claiming damages against _____ 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 circumstance that brought about the injury or damage. Also describe the injury or damage

 _____ (attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.

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 # _____
Type Auto: _____	_____
(year) (make) (model)	
DRIVER: _____	OWNER: _____
Address: _____	Address: _____
Phone#: _____	Phone#: _____
Passengers:	
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____

*** * NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED * ***

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.

X _____

X _____

Signature of Claimant(s)

State of Washington
County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Signature

Title

My appointment expires _____

Claims must be presented to:
 Ridgefield City Clerk
 City Hall, 230 Pioneer Street, PO Box 608
 Ridgefield, WA 98642
 Monday – Friday, 8:00 a.m. – 5:00 pm, except holidays