



Member City/ Organization:

CLAIM FOR DAMAGES FORM

Sammamish, WA

Date Claim Form Received by Member
____/____/____

PLEASE PRINT CLEARLY IN INK

Mail or deliver original claim to:

City of Sammamish
City Clerk
801 228th Avenue SE, Sammamish, WA 98075

Business Hours: Monday - Friday 8:30 a.m. - 5:00 p.m.
Telephone Number: 425 - 295 - 0500
Closed on weekends and official state holidays.

1. Claimant's name: _____
Last name First Middle Date of birth (mm/dd/yyyy)
2. Current residential address: _____
3. Residential address at the time the claim arose (if different than the preceding address):

4. Mailing address (if different): _____
5. Claimant's daytime telephone number: _____
Home Business or Cell
6. Claimant's e-mail address: _____
7. Date of the incident: _____ Time: _____ AM PM (check one)
7. Location of incident: _____
Street address

Description:

1. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries.

(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.

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 # _____

4. State the amount of damages claimed: \$ _____

CLAIM FOR DAMAGES FORM

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: _____

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.

Date

Signature

Title

My appointment expires _____

Notary Seal