



## **INSTRUCTIONS FOR COMPLETING A CLAIM FOR DAMAGES FORM**

Before filing a claim, please read these instructions and the Claim for Damages form and other appropriate forms in their entirety.

- ❖ Type or print clearly in ink and sign the Claim for Damages Form.
- ❖ Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
- ❖ If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.

**Claim for Damages Form must be served to the Shoreline City Clerk  
(they cannot be submitted electronically):**

**Mailing address:**

City of Shoreline  
Attn: Shoreline City Clerk  
17500 Midvale Avenue North  
Shoreline, WA 98133

**Hand delivery address:**

City Clerk's Office – 1<sup>st</sup> Floor at City Hall  
17500 Midvale Avenue North  
Shoreline, WA 98133

Open Monday through Friday  
8:00 a.m. to 5:00 p.m.  
(except observed holidays)

**City Clerk's Office: (206) 801-2230**



Claims forms cannot be submitted electronically. Pursuant to chapter 4.96 of the Revised Code of Washington (RCW), this form is required for filing a tort claim against the City of Shoreline. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure.

**For Official Use Only**

City/Organization: City of Shoreline

Date Received from Claimant: \_\_\_\_\_

**Claim for Damages Form**

Claimant's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current residential address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Residential address at the time of the incident (if different from current address): \_\_\_\_\_

\_\_\_\_\_

Claimant's daytime phone number (work, home or cell): \_\_\_\_\_

Claimant's email address: \_\_\_\_\_

**Incident Information**

Date of the incident: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

If the incident occurred over a period of time, date of first and last occurrences:

From: \_\_\_\_\_ To: \_\_\_\_\_

Location of incident: \_\_\_\_\_

\_\_\_\_\_

Name, addresses (email and physical), and telephone numbers of all persons involved in or witness to this incident:

\_\_\_\_\_

\_\_\_\_\_

Names of City Employees having knowledge of this incident: \_\_\_\_\_

\_\_\_\_\_

Name, addresses (email and physical), and telephone numbers of all individuals not already identified above that have knowledge regarding the issues involved in this incident or knowledge of the claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

Describe the cause of the injury or damages.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain the extent of the property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

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Has this incident been reported to law enforcement?  YES  NO

If yes, which agency and name of officer (if known): \_\_\_\_\_

Have you filed a claim with your insurance carrier?  YES  NO

If yes, please provide the name of the insurance carrier, phone number, and the claim/policy number:

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Name, address, email, and telephone numbers of treating medical providers. Please attach billings and records if available.

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I am claiming damages in the amount of \$ \_\_\_\_\_

**Please attach any other documentation that you believe support your claim's allegations, including those related to expenses.**

<b>*Additional Information Required for Automobile Claims Only*</b>	
License Plate # _____	Year/ Make/ Model _____
Driver Name, Address & Phone _____	
Vehicle Owner Name, Address & Phone _____	
Passenger(s) Name, Address & Phone _____	

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf or by a 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 the foregoing is true and correct.**

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

State of Washington     )  
  ) SS.  
County of \_\_\_\_\_     )

*(If notarized, for notary to complete)*

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

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Notary Public (Printed Name)  
My Appointment Expires: \_\_\_\_\_