

CLAIM FOR DAMAGES FORM CITY OF CENTRALIA

Date Claim Form
Received by Member:

Please take note that _____, who resides at _____
_____, mailing address _____,
home phone # _____, work phone# _____, whose prior address for 6 months prior to
the incident was _____, is claiming damages in the sum of
\$ _____ arising out of the following circumstances listed below.

DATE OF OCCURRENCE: _____ TIME: _____

LOCATION OF OCCURRENCE: _____

DESCRIPTION:

1. Describe occurrence explaining the nature of the defects or acts of negligence causing damages.(attach an extra sheet for additional information, if needed)

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 # _____

Auto Make: _____ Model: _____ Year: _____

Name of Driver _____ Phone No. _____
Address _____

Name of Owner _____ Phone No. _____
Address _____

Name(s) of Passenger(s)

Address

Phone No.

Name(s) of Passenger(s)	Address	Phone No.

*** * NOTE: THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY * ***

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 _____

City of Centralia
PO Box 609/118 W. Maple St
Centralia WA 98531