CLAIM FOR DAMAGES
CITY OF SPOKANE, WASHINGTON

PLEASE PRINT
IN BLUE OR BLACK INK

Space for Clerk's Stamp

1. Claimant's Name: _____

Residence: _____

_____
(List full address: Street, City, State, Zip Code)

Phone #: Home_____Work _____ Birthdate: _____

2. Residence of claimant for six months prior to the time the claim of damages accrued (if different): _____

3. Name, address and telephone of owner of any damaged property if not given above: _____

_____TOTAL CLAIM: $ _____

4. CLAIM INCIDENT DATE: _____ TIME: _____ PLACE: _____

DESCRIPTION OF INCIDENT: (Give full account; describe how the City was at fault. List defects causing loss and City acts or omissions) _____

_____

_____

_____

_____

☐ Attachments (Attach additional sheets if necessary.)

5. Give an itemization of your claim, listing specific losses actually sustained or expected: _____

_____

_____

☐ Attachments (Attach bills, statements, estimates or other proof of your specific items of loss.)

6. Were any other persons involved in the incident? Give details with name, address and telephone: _____

_____

_____

7. Name, address and telephone of witnesses or persons with further information: _____

_____

8. Is claimant willing to settle or compromise? If so, state amount acceptable as full settlement: $ _____

NOTE: Please see Spokane Municipal Code 4.02.030 for further information on claim requirements.

MEDICAL INFORMATION DISCLAIMER: Per chapter 42.56 RCW (Public Records Act), a filed Claim for Damages and its attachments are subject to public disclosure. If you have any attachments to this claim containing medical information, please enclose those attachments in a sealed envelope marked with your name and the phrase "Medical Contents."

STATE OF WASHINGTON)
County of Spokane)

I,_____(print name), being first duly sworn, on oath, depose and say: That I have read the foregoing claim, know the matter therein contained, and the same is true to the best of my knowledge.

_____
Claimant

SUBSCRIBED AND SWORN to before me this_____day of_____, 20_____.

FILE COMPLETED FORM WITH:
Spokane City Clerk's Office
Fifth Floor, Municipal Bldg.
808 W. Spokane Falls Blvd.
Spokane WA 99201-3342
509-625-6350

_____
Notary Public in and for the State of Washington,
Residing at _____
My commission expires _____

Rev. 08.04.2026