

**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 \_\_\_\_\_