CLAIM FOR DAMAGES
CITY OF SPOKANE, WASHINGTON

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. 02.12.2008