

CLAIM FOR DAMAGES
CITY OF SPOKANE, WASHINGTON

Space for Clerk's Stamp

PLEASE PRINT
IN BLACK INK

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 _____