

**INSTRUCTIONS FOR COMPLETING
CITY OF DES MOINES “CLAIM FOR DAMAGES” FORM**

- Type or print clearly in ink and sign the claim form.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
- After completing the form, please sign and have it notarized.
- Mail or deliver **original form** and supporting documents to:

City Clerk’s Office
City of Des Moines
21630 11th Ave. S.
Des Moines, WA 98198

Business Hours: 8:00 a.m. to 4:30 p.m. Monday through Friday, except legal holidays or other days City offices may be closed due to budgetary constraints.
Claim forms cannot be submitted electronically (via e-mail or fax).

CLAIM FOR DAMAGES FORM

Date Claim Form Received by Member

MEMBER CITY/ORGANIZATION: CITY OF DES MOINES

Please take note that _____, who currently resides at _____, mailing address _____, home phone # _____, work phone # _____, and who resided at _____ at the time of the occurrence and whose date of birth is _____, is claiming damages against _____ in the sum of \$ _____ arising out of the following circumstances listed below.

DATE OF OCCURRENCE: _____ TIME: _____

LOCATION OF OCCURRENCE: _____

DESCRIPTION:

1. Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage. (attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.

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 # _____
Type Auto: (year) (make) (model)
DRIVER: Address: Phone#:
OWNER: Address: Phone#:
Passengers: Name: Address: Name: Address:

* * NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED * *

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 _____