CLAIM FOR DAMAGES
CITY OF BAINBRIDGE ISLAND
280 Madison Avenue North
Bainbridge Island, WA 98110-1812
(206) 780-8591

Instructions

Please carefully read all of the information on this page before completing and presenting your Claim for Damages.

Type or print clearly in ink and sign the Claim for Damages.

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 that your Claim for Damages can be easily read and understood.

Legal Requirements for Presenting Claim for Damages

In order to verify the claim and additional supporting information, the law requires that the Claim for Damages be signed by:

- Claimant; or
- Person holding a written power of attorney from the Claimant; or
- Attorney in fact for the Claimant; or
- Attorney admitted to practice in Washington State on the Claimant’s behalf; or
- A court-approved guardian or guardian ad litem on behalf of the Claimant

Present in Person or Mail the Claim for Damages and Supporting Documents to:

City of Bainbridge Island
Attention: City Clerk
280 Madison Avenue North
Bainbridge Island, WA 98110-1812

Business Hours: Monday-Friday, 8 am to 4 pm
Closed on weekends, official state holidays and City furlough days (see City’s web site at www.ci.bainbridge-isl.wa.us for dates).
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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 the City of Bainbridge Island in the sum of $____________ arising out of the following circumstances listed below:

Date of occurrence: __________________________ Time of occurrence: ________________
Location of occurrence: ___________________________

Description:
1. Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage:

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

3. Attach copies of all documents relating to expenses, injuries, losses and/or estimates for repair.

4. Have you submitted a claim for damages with your insurance company?  yes no  If yes, please provide the name of the insurance company: __________________________ and the policy #: __________________________

**ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY**

Auto type: (year) _______, (make) ______________________ (model) ______________________
License Plate #: __________ Drivers License #: __________________________

Driver
Address _____________________________________________________________
phone # __________________________

Owner
Address____________________________________________________________
phone # __________________________

Passengers: (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 purposes mentioned in the instrument.

Dated:____________________

Signature: __________________________

Title: __________________________

My appointment expires: __________________________

Notary Seal

Claims against the city need to comply with RCW Chapters 4.16 and 4.96

TRN/ Forms/Claim for Damages 12/10