# City of Renton
## Claim for Damages Form

### Instructions:
1. Complete the form giving specific details about your accident or loss. Include dates, times, and witnesses.
2. Sign and have the form notarized.
3. Return the completed form and any attachments to the Office of the City Clerk, Renton City Hall, 7th Fl, 1055 S. Grady Way, Renton, WA 98057. Regular Business Hours are Monday–Friday, 8:00 a.m.–5:00 p.m.

<table>
<thead>
<tr>
<th>City-Assigned Claim Number</th>
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</table>

### Claimant Name(s):  
(First -- Middle -- Last, or Business Name)

<table>
<thead>
<tr>
<th>Date of Birth:</th>
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</table>

| Current Home Address:  
(Number -- Street -- City -- State -- Zip) |
|-------------------------------------------|

<table>
<thead>
<tr>
<th>Email address:</th>
</tr>
</thead>
</table>

| Current Mailing Address:  
(If different from home address) |
|----------------------------------|

| Home Phone:  
Work Phone:  
Cell Phone: |
|-----------|-----------|-----------|

| Home Address at the time of and during the six months immediately prior to the Incident:  
(Number – Street – City – State – Zip) |
|----------------------------------------|

**Please take note that the above-named party is claiming damages against __________________ in the sum of $______________ arising out of the circumstances described below.**

| Date of Occurrence:  
Time of Occurrence:  
a.m. or p.m.? |
|----------------|----------------|

### Specific Location of Occurrence:  
(Address, Cross Streets, left side, right side, which direction)

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(Attach an extra sheet for additional information, if needed)
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### DESCRIPTION:

1. Describe in detail your injury or damage, how it happened (conduct and circumstances), and what specific act or omission on the City's part you feel caused the injury or damage.

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________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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2. Provide a list of **witnesses** to the incident.

<table>
<thead>
<tr>
<th>Name of Witness</th>
<th>Full Address</th>
<th>Phone No.</th>
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<tbody>
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</tbody>
</table>

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

Renton City Clerk Office Phone: 425-430-6510; Fax 425-430-6516
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 #: ________________________________

***NOTE: The Claimant must sign this Claim form unless he or she is incapacitated, a minor, or a non-resident of
   the state, in which case it may be signed on behalf of the Claimant by either an attorney who represents the
   Claimant, by the Guardian of the Claimant, or by a person with a Power of Attorney from the Claimant.***

I, ______________________________________, being first duly sworn, depose and say that I am the
Claimant, Attorney
for the Claimant, Legal Guardian of the Claimant, or a person with a Power of Attorney from the Claimant
and that I have read the
above claim, know the contents thereof and believe the same to be true.

X _________________________________
Signature of Claimant*

State of Washington
County of _______________________

*If not signed by Claimant, indicate whether you have Power of Attorney______; or are the Attorney Representative______; or are the Legal Guardian ______

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: ________________

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*** ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY ***

Vehicle #1
License Plate # ___________________   Driver License # ________________________________
Type Auto: ____________ (year) (make) (model)

DRIVER:
Address: ________________________________
Phone#: ________________________________

Passengers:
Name: ________________________________
Address: ________________________________
____________________________

OWNER:
Address: ________________________________
Phone#: ________________________________

Vehicle #2
License Plate # ___________________   Driver License # ________________________________
Type Auto: ____________ (year) (make) (model)

DRIVER:
Address: ________________________________
Phone#: ________________________________

Passengers:
Name: ________________________________
Address: ________________________________
______________________________