



City of Renton Claim for Damages Form

Instructions: (1) Fill out this form completely and legibly. Give specific details about your accident or loss. Include dates, times, and witnesses. (2) Sign the form. (3) Return the completed form along with any attachments to the Office of the City Clerk, Renton City Hall, 7 th Floor, 1055 S. Grady Way, Renton, WA 98057. Regular Business Hours are Monday – Friday, 8:00 a.m. – 5:00 p.m.		City-Assigned <u>Claim Number</u>
Claimant Name(s): (First - Middle - Last, or Business Name)		Date of Birth:
Current Home Address: (Number - Street - City - State - Zip)		Email Address:
Current Mailing Address: (If different from home address)		
Home Phone:	Work Phone:	Cell Phone:

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 Street, left side, right side, which direction)

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.

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

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

Name of Witness	Full Address	Phone No.

3. **Attach copies** of documentation and photographs relating to expenses, injuries, losses, and/or estimates for repair. Police case number (if known): _____

4. Have you submitted a claim for damages to your insurance company? Yes: _____ No: _____
If so, please provide the name of the insurance company:
Policy #: _____ Claim #: _____

5. The Claimant must sign this Claim For Damages 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.
6. I, _____ being first duly sworn, depose and say that I am the Claimant, Attorney for the Claimant, Legal Guardian of the Claimant, or have 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.

Signature of Claimant: _____ Date: _____

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

Vehicle #1

License Plate # _____ Driver License # _____

Type Auto: _____

(YEAR) (MAKE) (MODEL)

Driver: _____

Address: _____

Phone #: _____

Owner: _____

Address: _____

Phone #: _____

Passengers:

Name: _____

Address: _____

Name: _____

Address: _____

Vehicle #2

License Plate # _____ Driver License # _____

Type Auto: _____

(YEAR) (MAKE) (MODEL)

Driver: _____

Address: _____

Phone #: _____

Owner: _____

Address: _____

Phone #: _____

Passengers:

Name: _____

Address: _____

Name: _____

Address: _____