



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).

CLAIM FOR DAMAGES CITY OF BAINBRIDGE ISLAND

280 Madison Avenue North
Bainbridge Island, WA 98110-1812
(206) 780-8591



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:

_____ (attach an extra sheet for additional information, if needed)

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 **	
License Plate # _____ Drivers License # _____	
Auto type: (year) _____, (make) _____ (model) _____	
Driver _____	Owner _____
Address _____	Address _____
phone # _____	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**