

INSTRUCTIONS FOR PRESENTING A CLAIM FOR DAMAGES FORM

Before presenting a Claim for Damages form, please read these instructions and the Claim for Damages form in their entirety.

Legal Requirements for Presenting Claim for Damages Form

State law requires that the Claim for Damages form be signed by one of the following:

- The Claimant, verifying the claim; or
- Pursuant to a written power of attorney, by the attorney in fact for the Claimant; or
- An 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.

Important

- State law requires an original signature on the Claim for Damages form. This means that *claim forms cannot be submitted electronically* (via fax or e-mail).
- The length of the Claim for Damages investigation varies greatly depending on the complexity of the issues and the availability of evidence to support the claim. A Claim for Damages can be resolved faster when all relevant information and documents are provided initially for the City's consideration.
- If you are making a claim for property damage, please submit three estimates for repairs.
- Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure.

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

Claims for Damages must be signed and presented, either in person or by mail, to the following:

City of Tacoma
Office of the City Clerk
747 Market Street, Room 220
Tacoma, WA 98402

Business Hours: Monday-Friday, 8:00 a.m. to 5:00 p.m. Closed on weekends and holidays.

Type or print clearly in ink and sign the Claim for Damages 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 for Damages form can be easily read and understood.

Please make copies for your personal records before submitting your Claim for Damages form. Submitted material will not be returned.

After the claim is presented to the City Clerk's Office, the appropriate analyst will process the claim and notify you to confirm receipt.

CITY OF TACOMA CLAIM FOR DAMAGES FORM

General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for filing a claim against the City of Tacoma. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Pursuant to the new law, Claim for Damages forms cannot be submitted electronically (via e-mail or fax).

For Official Use Only

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to:

City of Tacoma
Office of the City Clerk
747 Market Street, Room 220
Tacoma, WA 98402

Business Hours: Mon. - Fri. 8:00 a.m. - 5:00 p.m. Closed on weekends and holidays.

No.

CLAIMANT INFORMATION

1. Claimant's name: _____
Last name First Middle Date of birth (mm/dd/yyyy)
2. Current residential address: _____
3. Mailing address (if different): _____
4. Residential address at the time of the incident (if different from current address):

5. Claimant's daytime telephone number: _____
Home Business Cell
6. Claimant's e-mail address: _____

INCIDENT INFORMATION

7. Date of the incident: _____ Time: _____ a.m. p.m.
(mm/dd/yyyy) (check one)
8. If the incident occurred over a period of time, date of first and last occurrences:
from _____ Time: _____ a.m. p.m. to _____ Time: _____ a.m. p.m.
(mm/dd/yyyy) (check one) (mm/dd/yyyy) (check one)
9. Location of incident: _____
City State Place or Address where occurred
10. If the incident occurred on a street or highway:

Name of street or highway At the intersection with/or Nearest intersecting street
11. City agency or department allegedly responsible for damage/injury: _____
12. Names, addresses, and telephone numbers of all persons involved in or witness to this incident:

13. Names, addresses and telephone numbers of all City employees having knowledge about this incident:

14. Names, addresses, and telephone numbers of all individuals not already identified in #12 and #13 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

15. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

17. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

18. Please attach documents which support the claim's allegations.

19. I claim damages from the City of Tacoma in the sum of \$ _____

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Claimant or Authorized Agent

Date and Place (residential address, city and county)