

# CITY OF TACOMA CLAIM FOR DAMAGES FORM

For Official Use Only

## TYPE OR PRINT IN INK.

Mail or deliver the completed form 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.

*Information on your claim for damages form may be released as a public record.*

*Complete all of the fields and provide specific details about your damage or loss. Do not send sensitive personal or medical records with your claim form. Our claims staff will request your personal or medical records when needed.*

*After your claim is investigated, the claims staff may request supporting documents. They will provide an email or a mailing address where you can submit these documents.*

*Your claim may result in one of three outcomes: 1. issuance of payment; 2. tender or transfer the claim to a different party or entity; or 3. denial of claim.*

**To file a valid claim for damages, this form must have a signature applied under the 'Declaration' section.**

*For claims follow-up or acknowledgment questions, contact the appropriate office below:*

*All non-utility claims: (253) 591-5616 or [legalclaims@cityoftacoma.org](mailto:legalclaims@cityoftacoma.org)*

*Tacoma Public Utility (Rail, Power, and Water) claims: (253) 502-8357 or [legalclaims@cityoftacoma.org](mailto:legalclaims@cityoftacoma.org)*

## CLAIMANT INFORMATION

I am a/an:

*(Instructions: select one, and provide details to the right of your selection)*

Individual Person.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Business or other organization.

Business/Org Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Insurance Company.

Company Name: \_\_\_\_\_

Insured Full Name: \_\_\_\_\_

Claim Number: \_\_\_\_\_

**Is the claimant represented by an attorney?**

Yes – provide details below.

No – *continue to Claimant Contact Info.*

Attorney Name: \_\_\_\_\_

Attorney Email: \_\_\_\_\_

Attorney Firm: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

Attorney Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## CLAIMANT CONTACT INFORMATION

Preferred Contact Method (select one):  Email  Mail  Phone

Preferred Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

**INCIDENT DATE AND TIME**

Incident Date: \_\_\_\_\_  
*MM/DD/YYYY format*

Incident Time: \_\_\_\_\_  
*Approximate time, including AM or PM*

**INCIDENT LOCATION**

Event Location: \_\_\_\_\_  
*If you do not know the specific location, list cross streets or describe the location above, and include the city and state.*

Incident Street 1: \_\_\_\_\_

Incident Street 2: \_\_\_\_\_

City, State: \_\_\_\_\_

**INCIDENT INFORMATION**

**Describe what happened:**

\_\_\_\_\_  
\_\_\_\_\_

*You may include photos or other documents with your submission or send them once your claim is started. Do not attach sensitive personal or medical records with your claim form. Our claims staff will request your personal or medical records when needed.*

**How was City of Tacoma involved?**

\_\_\_\_\_  
\_\_\_\_\_

*Describe the City of Tacoma department, office, program, employee, or vehicle involved.*

**Describe any damage or injury:**

\_\_\_\_\_  
\_\_\_\_\_

**Was your vehicle involved or damaged?**  Yes – provide details below.  No – continue to “Were you injured.”

License Plate: \_\_\_\_\_

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance Claim Number: \_\_\_\_\_

**Were you injured?**  Yes  No

**Did you miss work because of this incident?**  Yes  No

**WITNESSES AND OTHERS INVOLVED**

Person #1 Name: \_\_\_\_\_

Person #1 Phone or Email: \_\_\_\_\_

How was person #1 involved? \_\_\_\_\_

Person #2 Name: \_\_\_\_\_

Person #2 Phone or Email: \_\_\_\_\_

How was Person #2 involved? \_\_\_\_\_

**POLICE INFORMATION**

**Has this incident been reported to law enforcement?**

Yes – When was the incident reported to law enforcement? \_\_\_\_\_  
*Insert date incident was reported to law enforcement.*

No – *continue to “Declaration.”*

**Did law enforcement respond?**

Yes – Which police agency responded? \_\_\_\_\_  
*Insert the name of the police department, sheriff, Washington State Patrol, or other agency.*

No

**DECLARATION**

**I claim damages in this amount:** \$ \_\_\_\_\_

**Person completing this form’s relationship to the claimant:**

- Self.
- Insurance company representative (see notes).
- Attorney (see notes).
- Not listed - specify below (see notes).

*Notes: If signing as power of attorney, include a copy of power of attorney designation.  
If signing on behalf of a business, include a copy showing authority or authorization to handle a claim for damages on the business’s behalf.*

**TO BE CONSIDERED A VALID CLAIM, A SIGNATURE MUST BE APPLIED BELOW**

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

Signature: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ City and State: \_\_\_\_\_