

Mail Completed Form To:  
 City of Olympia – Claims Manager  
 PO Box 1967 (900 Plum St SE)  
 Olympia WA 98507-1967  
 Office: (360) 753-8451  
 Fax: (360) 709-2791

## CLAIM FOR DAMAGES FORM

### MEMBER CITY: OLYMPIA

Date Claim Form  
 Received by Member  
 \_\_\_\_\_

#### Claimant Information

Name	Date of Birth
Street Address at time of Loss	Home Phone
Mailing Address	Work Phone
Current Street Address (if different)	Cell Phone

The above listed claimant is claiming damages against the City of Olympia arising out of the circumstances described below.  
 Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

#### Claim Information

Date of Occurrence	Claim Amount
Location of Occurrence	Time of Occurrence

Description	
(Describe the conduct and circumstances that brought about the damage or injury. Also describe the damage or injury.)	

Witnesses	
(If applicable, provide a list of witnesses, including name, address, and phone number)	

Have you submitted a claim to your insurance company? Yes  No  Policy No. \_\_\_\_\_

#### Automobile Information

\*\* THIS SECTION ONLY REQUIRED IF THE CLAIM IS FOR AUTOMOBILE DAMAGE \*\*

License Plate No.	Driver License No.	Auto (year/make/model)
Vehicle Owner	Driver (if not owner)	
Address	Address	
City/State/Zip	City/State/Zip	
Phone	Phone	
Passenger(s)	Passenger(s)	
Address	Address	
City/State/Zip	City/State/Zip	
Phone	Phone	

**\*\* THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY \*\***

I swear or affirm under penalty of perjury that I am the claimant for the above described loss; that I have read the above claim, know the contents thereof, and believe the same to be true.

Claimant Signature \_\_\_\_\_

PRINT Name as Signed \_\_\_\_\_

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 uses and purposes mentioned in the instrument.

Date \_\_\_\_\_  
 Notary Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 My appointment expires \_\_\_\_\_