



CITY OF RICHLAND CLAIM FOR DAMAGES

All Items of Information must be completed in full in order to assure prompt review of your claim. See reverse side for additional instructions and necessary information.

Mail or Deliver to: City Clerk's Office, 975 George Washington Way, Richland, WA 99352 Phone: (509)942-7388
Office Hours: Monday - Friday 8:00 a.m. - 5:00 p.m (Except Holidays)

Claimant's Name:		Claimant's Birthdate:	Home Phone:
			Work Phone:
Residential Address:		Mailing Address: <i>(If Different)</i>	
		Residential Address at the Time of the Incident: <i>(If Different)</i>	
Amount Claimed:	Incident Date & Time:	Incident Location or Street Intersection:	
Has Incident been reported to any City personnel? If yes, when and to whom?			
Name, Address and Phone No. of Any Persons Involved in or Witness to this Incident?			
Accurately describe the circumstances in which the incident occurred. Please Include a description of the damage or injury. Attach an additional sheet if necessary. See the reverse side of this form for additional required information regarding automobile claims.			

State of Washington
County of Benton

I, _____, being duly sworn and on oath depose and say that the above claim information is true and correct; that I am the sole owner or person entitled to reimbursement for damages and that I executed the same as my free act and deed.

Signature of Claimant - **(MUST BE SIGNED IN PRESENCE OF A NOTARY)**

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20 ____.

Notary Public in and for the State of Washington

Revised 4/16

Date Filed at City Clerk's Office:	Date to WCIA / Department/ HR Risk Mngt:
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ATTACH COPIES OF ALL DOCUMENTS IN SUPPORT OF YOUR CLAIM FOR EXPENSES

PLEASE COMPLETE:	SECTION I.	FOR PROPERTY DAMAGE CLAIMS
	SECTION II.	FOR AUTOMOBILE DAMAGE CLAIMS

I. PROPERTY DAMAGE

Have you submitted a claim for damages to your insurance company? Yes No

ITEM DAMAGED:	DATE ACQUIRED:	COST OF REPAIR OR CLEANING:	AMOUNT CLAIMED:
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

II. AUTOMOBILE CLAIMS - ADDITIONAL INFORMATION REQUIRED

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

Type of Auto: (Year) (Make & Model) (License Plate No.):

Do you have estimates or copies of bills attached?

Have you submitted a claim for damages to your insurance company? Yes No

Owner Insurance Co. and Policy No.:

DRIVER INFORMATION	REGISTERED OWNER INFORMATION
Name of Driver:	Registered Owner Name:
Driver License No:	Registered Owner Address:
Driver Address:	
Driver Phone No.:	Registered Owner Phone No.:
PASSENGER ONE INFORMATION	PASSENGER TWO INFORMATION
Name:	Name:
Address:	Address:
Phone No.:	Phone No.: