

Mail Completed Form to:
City of Olympia - Claims Manager
PO Box 1967
Olympia WA 98507-1967
Office: (360) 753-8451

City Hall: 601 4th Ave E

CLAIM FOR DAMAGES FORM

MEMBER CITY: OLYMPIA

Date Claim Form
 Received by Member

CLAIMANT INFORMATION

Name		Date of Birth	
St Address @ Time of Loss		Home Phone	
Current St Address (if different)		Work Phone	
Mailing Address (include zip)		Cell Phone	

The above listed claimant is claiming damages against the City of Olympia arising out of the circumstances described below.

CLAIM INFORMATION

Attach copies of all documentation relating to expenses, injuries, losses and/or estimates for repair.

Date of Loss		Claim Amount	
Incident Location		Time of Loss	
Description (Describe the conduct and circumstances that brought about the damage or injury AND describe the damage or injury)			
Witnesses (If applicable, provide a list of witnesses, including name, address and contact phone number)			

Have you submitted a claim to your insurance company?	<input type="radio"/> Select if YES	Policy No.	
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AUTOMOBILE INFORMATION (Only complete this portion for vehicle damage)

License Plate No.		Year/Make/Model	
Vehicle Owner Information		Vehicle Driver Information (if not owner)	
Owner Name		Driver Name	
Driver License No.		Driver License No.	
Address		Address	
City/State/Zip		City/State/Zip	
Contact Phone		Contact Phone	
Passenger Name(s)		Passenger Name(s)	

**** 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 _____