

Mail Completed Form To: City of Olympia – Claims Manager PO Box 1967 (601 4 th Ave E) Olympia WA 98507-1967 Office: (360) 753-8451 Fax: (360) 570-3791	<h2 style="margin: 0;">CLAIM FOR DAMAGES FORM</h2> <h3 style="margin: 0;">MEMBER CITY: OLYMPIA</h3>	Date Claim Form Received by Member _____
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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.	
Vehicle Owner		Auto (year/make/model)	
Address		Driver (if not owner)	
City/State/Zip		Address	
Phone		City/State/Zip	
Passenger(s)		Phone	
Address		Passenger(s)	
City/State/Zip		Address	
Phone		City/State/Zip	
		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 _____