# CLAIM FOR DAMAGES

City of Colville
City Clerk
170 S. Oak
Colville, WA 99114
(509) 684-5094
Fax (509) 684-5030
www.colville.wa.us

**PLEASE PRINT**

1. Name of Claimant: _____

Address: _____
Street City State Zip

Phone #: home: _____ work: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

2. Address of claimant for six months prior to the time the Claim for damages accrued (if different):

_____
Street City State Zip

3. Name, address and telephone of owner of any damaged property, if not given above: _____

_____ **TOTAL CLAIM $** _____

4. DATE OF INCIDENT: _____TIME: _____ PLACE: _____

DESCRIPTION OF INCIDENT: (Give full account; describe how the City was at fault; list defects causing loss and City acts or omissions)

_____

_____

_____

_____
(Attach additional sheets if necessary)

5. Give an itemization of your claim, listing specific losses actually sustained or expected: _____

_____

_____
(Attach bills, statements, estimates or other proof of your specific items of loss)

6. Were any other persons involved in the incident? Give details with name, address and telephone: _____

_____

7. Name address and telephone of witnesses or persons with further information: _____

_____

8. Is claimant willing to settle or compromise? If so, state amount acceptable as full settlement: $ _____

STATE OF WASHINGTON )
County of _____)

I, _____, being first duly sworn, on oath, depose and say: That I have read the foregoing claim, know the matter therein contained and the same is true to the best of my knowledge.

Claimant signature: _____ Date: _____

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

_____
Notary Public in and for the State of Washington

Residing at _____

My appointment expires _____