



## City of Renton Claim for Damages Form

<b>Instructions:</b> (1) Complete the form giving specific details about your accident or loss. Include dates, times, and witnesses. (2) Sign and have the form notarized. (3) Return the completed form and any attachments to the Office of the City Clerk, Renton City Hall, 7 <sup>th</sup> Fl, 1055 S. Grady Way, Renton, WA 98057. Regular Business Hours are Monday – Friday, 8:00 a.m. – 5:00 p.m.		City-Assigned <u>Claim Number</u>
<b>Claimant Name(s):</b> (First - Middle - Last, or Business Name)		<b>Date of Birth:</b>
<b>Current Home Address:</b> (Number - Street - City - State - Zip)		<b>Email Address:</b>
<b>Current Mailing Address:</b> (If different from home address)		
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Home Address at the time of and during the six months immediately prior to the Incident:</b> (Number - Street - City - State - Zip)		

**Please take note that the above-named party is claiming damages against \_\_\_\_\_ in the sum of \$ \_\_\_\_\_ arising out of the circumstances described below.**

**Date of Occurrence:** \_\_\_\_\_ **Time of Occurrence:** \_\_\_\_\_ a.m. or p.m.?

**Specific Location of Occurrence:** \_\_\_\_\_  
 (Address, Cross Street, left side, right side, which direction)

**DESCRIPTION:**

1. Describe in detail your injury or damage, how it happened (conduct and circumstances), and what specific act or omission on the City’s part you feel caused the injury or damage.

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(Attach an extra sheet for additional information, if needed)

2. Provide a list of **witnesses** to the incident.

Name of Witness	Full Address	Phone No.

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

Have you submitted a claim for damages to your insurance company? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please provide the name of the insurance company: \_\_\_\_\_  
and the policy #: \_\_\_\_\_

**\*\*\*NOTE: The Claimant must sign this Claim form unless he or she is incapacitated, a minor, or a non-resident of the state, in which case it may be signed on behalf of the Claimant by either an attorney who represents the Claimant, by the Guardian of the Claimant, or by a person with a Power of Attorney from the Claimant. \*\*\***

I, \_\_\_\_\_ being first duly sworn, depose and say that I am the Claimant, Attorney for the Claimant, Legal Guardian of the Claimant, or have a Power of Attorney from the Claimant and that I have read the above claim, know the contents thereof and believe the same to be true.

X \_\_\_\_\_  
Signature of Claimant\*

State of Washington  
County of \_\_\_\_\_

*\*If not signed by Claimant, indicate whether you have Power of Attorney \_\_\_\_\_;  
or are the Attorney Representative \_\_\_\_\_; or are the Legal Guardian \_\_\_\_\_*

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.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

My appointment expires: \_\_\_\_\_

**\*\*\* ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY \*\*\***

**Vehicle #1**

License Plate # \_\_\_\_\_ Driver License # \_\_\_\_\_

Type Auto: \_\_\_\_\_

(YEAR) (MAKE) (MODEL)

**Driver:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Passengers:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**Vehicle #2**

License Plate # \_\_\_\_\_ Driver License # \_\_\_\_\_

Type Auto: \_\_\_\_\_

(YEAR) (MAKE) (MODEL)

**Driver:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Passengers:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_