

Claim for Damages
 City of Lakewood
 C/O Department of General Services, 3rd Floor
 6000 Main St. SW
 Lakewood, WA. 98499
 Voice = 253-589-2489 FAX = 253-589-3774

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400: 080-6

RCW 35A.31.030, RCW 4.96.020, WAC 296.24.025 - 026 and City of Lakewood Ordinance 0311 specifies the requirements/procedures the claimant needs to follow in making a claim against the City of Lakewood and timing of such action.

<u>Claimant Information</u> <i>(to be prepared by said claimant):</i>		
Name of Claimant <i>(Please Print)</i> : _____		
Address of Claimant: _____		
City: _____	State: _____	Zip: _____
Home Phone #: _____	Work Phone #: _____	
Date injuries/damages occurred: _____		
And who, for six months prior to accrual of claim or date of the incident/accident, has resided at:		
_____ <i>(Give Residence in the same manner as identified above)</i>		

Describe in detail giving date and time of the Claimant's damaged claimed. Itemize all expenses and losses that occurred: *(If additional space is needed to answer this question, please attach the supplemental sheet(s) to this form.)*

Accurately Describe Injuries or Damages: *(If additional space is needed please attach the supplemental sheet(s) to this form)*

Incident occurred at: *(provide address or exact location)*

Witnesses: *(List all names and addresses and phone numbers of all witnesses attesting to the incident)*

(continued on page # 2)

(continued from page #1)

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Total amount of injuries and/or damaged claimed: \$ _____ (include all supporting documents and documentation - with detail itemized expenses and losses that supports the total amount claimed)

(Claim must be sworn to be Claimant)

(Signature of Claimant)

Given at Pierce County, Washington, this _____ day of _____ 20 _____ are true and correct to the best of my knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary in and for the State of Washington,
residing at _____

My commission expires: _____

SEAL:

For Internal & Office Use Only

Date the Claim For Damages received: _____

Date copies distributed to City Attorney, City Clerk, and City Manager: _____

Date original distributed to Risk Manager/HR: _____

All Claims For Damages are to be received by the General Services Department, 3rd floor for full accounting and distribution of the claim.

Original Claim to be held by Risk Management/HR. Distribution of the Claim For Damages to include:

- 1). Copy to the City Attorney
- 2). Copy to the City Clerk
- 3). Copy to City Manager
- 4). Original to Risk Manager/HR