

**Claim for Damages**  
 City of Lakewood  
 C/O Department of General Services, 3<sup>rd</sup> 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.

<b><u>Claimant Information</u></b> <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.)*

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

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

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

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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:

<b><u>For Internal &amp; Office Use Only</u></b>
Date the Claim For Damages received: _____
Date copies distributed to City Attorney, City Clerk, and City Manager: _____
Date original distributed to Risk Manager/HR: _____
<b><u>All Claims For Damages</u></b> are to be received by the General Services Department, 3 <sup>rd</sup> 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