

CITY OF TACOMA DEPARTMENT OF PUBLIC UTILITIES CLAIM FOR DAMAGES



Completed and signed claim must be mailed or delivered to: Office of the City Clerk
Tacoma Municipal Building
747 Market Street, Room 220
Tacoma, WA 98402-3769

After the claim is filed with the City Clerk, the Department of Public Utilities Claims Office (253.502.8357) will notify you to confirm receipt and process the claim. Keep us informed of any change of address.

TO THE CITY COUNCIL, CITY OF TACOMA:

I, \_\_\_\_\_, do hereby present a claim in the sum of \$ \_\_\_\_\_ against the City of Tacoma by reason of damage or injury incurred on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. I reside at: (street address) \_\_\_\_\_ (city, state, zip code) \_\_\_\_\_ (day phone no.) \_\_\_\_\_ (evening phone no.) \_\_\_\_\_ and for the period of six months immediately prior to the time the claim arose, I resided at \_\_\_\_\_

Locate and describe the conduct and circumstances which brought about the damage or injury: \_\_\_\_\_

Describe the damage or injury: \_\_\_\_\_

State the time and place of the damage or injury which occurred: \_\_\_\_\_

State the names of all persons involved, if known: \_\_\_\_\_

CLAIM VERIFICATION

I, \_\_\_\_\_, certify under penalty of perjury under the laws of the State of Washington that I am a claimant against the City of Tacoma; that I am the owner of the damaged property; that I am not a minor; that I reside at the address shown above; that I have read the foregoing claim against the City of Tacoma; know the contents thereof; and believe the same to be true.

Dated: \_\_\_\_\_, at \_\_\_\_\_ (City) \_\_\_\_\_ (State)

(Signature of claimant)