



City of Tukwila

Allan Ekberg, Mayor

Mayor's Office - David Cline, City Administrator

Attached is a City of Tukwila Claim for Damages form.

State law (RCW 4.96.020) requires this form to be completed in its entirety for a claim to be filed against the City. Please complete the form and enclose any supporting documentation (estimates, receipts, photos, etc.). Please return the signed and completed form to:

City of Tukwila
Office of the City Clerk
6200 Southcenter Boulevard
Tukwila WA 98188

Our business hours are Monday-Friday, 8:30 a.m. to 5:00 p.m. The office is closed on weekends and official State holidays.

Once the claim has been filed with the City, it will be submitted to the Washington Cities Insurance Authority for investigation.

If you have any questions, please call 206-433-1800.

Sincerely,

A handwritten signature in cursive script that reads "Christy O'Flaherty".

Christy O'Flaherty, MMC
City Clerk

Attachment

Received by City Clerk's Office



CITY OF TUKWILA, WASHINGTON
Claim For Damages

Received by Risk Management

Log-in date/time _____

City Claim # _____

The following party claims damages from the City of Tukwila in the amount of \$ _____, arising out of the circumstances described below.

Claimant Name:		Claimant Date of Birth:	
Current Residential Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Home Phone (with area code):		Business or Cell Phone (with area code):	
Claimant's E-mail Address:			
Residential address at the time of incident (if different from above):			
Date of incident:		Time: <input type="checkbox"/> AM <input type="checkbox"/> PM [check one]	
Location where incident occurred:			

DESCRIPTION OF INCIDENT: (Continue on second page or attach additional sheets if needed.)

- Describe the injury or damage, as well as the conduct and circumstance that brought about the injury or damage.

- Provide a list of persons involved and witnesses to the incident (if applicable) including names, addresses and phone numbers, if known (use second page for additional space _____)
- 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 yes, provide name of insurance company: _____ Policy #: _____

The following additional information is required for claims involving a vehicle.

License Plate #:	Driver's License #:	State of issuance:
Vehicle Type (year, make and model):		
DRIVER'S Name:		OWNER'S Name(s):
Address:		Address:
City/State/Zip:		City/State/Zip:
Phone (with area code):		Phone (with area code):
Name & Address of Passenger(s):		Auto Insurance Company:
		Policy #: _____

Mail or deliver completed and signed Claim For Damages form to:
City of Tukwila, City Clerk's Office, 6200 Southcenter Boulevard, Tukwila, WA 98188.
Phone: 206-433-1800. Hours: Monday-Friday, 8:30 AM to 5:00 PM (closed weekends and official State holidays).

Claim For Damages (*continued*)

DESCRIPTION OF INCIDENT (*continued from first page*): _____

PERSONS INVOLVED AND WITNESSES (**Name, Address and Phone Number**) (*continued from first page*):

This claim form must be signed by the Claimant, *or* a person holding a written power of attorney from the Claimant, *or* by the attorney in fact for the Claimant, *or* by an attorney admitted to practice in Washington State on the Claimant’s behalf, *or* by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

 Signature of Claimant Date Place (residential address, including City/State)

Printed name: _____

Or

 Signature of representative Date Place (residential address, including City/State)

 Printed name of representative Bar Number (if applicable)

(*for City use only*)

ATTACHMENTS:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> POLICE REPORT | <input type="checkbox"/> RECEIPTS |
| <input type="checkbox"/> COLLISION REPORT | <input type="checkbox"/> PHOTOGRAPHS |
| <input type="checkbox"/> ESTIMATES | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> BILLS | _____ |

DISTRIBUTION:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> MAYOR'S OFFICE | <input type="checkbox"/> POLICE CHIEF |
| <input type="checkbox"/> CITY ATTORNEY | <input type="checkbox"/> FIRE CHIEF |
| <input type="checkbox"/> PUBLIC WORKS DIRECTOR | <input type="checkbox"/> P&R DIRECTOR |
| <input type="checkbox"/> DCD DIRECTOR | <input type="checkbox"/> OTHER _____ |