

**CLAIM FOR DAMAGES**

City of Colville  
City Clerk  
170 S. Oak  
Colville, WA 99114  
(509) 684-5094  
Fax (509) 684-5030

**PLEASE PRINT**

1. Name of Claimant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: home: \_\_\_\_\_ work: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Address of claimant for six months prior to the time the Claim for damages accrued (if different):

\_\_\_\_\_  
Street City State Zip

3. Name, address and telephone of owner of any damaged property, if not given above: \_\_\_\_\_

**TOTAL CLAIM \$** \_\_\_\_\_

4. DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ PLACE: \_\_\_\_\_

DESCRIPTION OF INCIDENT: (Give full account; describe how the City was at fault; list defects causing loss and City acts or omissions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if necessary)

5. Give an itemization of you claim, listing specific losses actually sustained or expected: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Attach bills, statements, estimates or other proof of you specific items of loss)

6. Were any other persons involved in the incident? Give details with name, address and telephone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Name address and telephone of witnesses or persons with further information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Is claimant willing to settle or compromise? If so, state amount acceptable as full settlement: \$ \_\_\_\_\_

STATE OF WASHINGTON )  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn, on oath, depose and say: That I have read the foregoing claim, know the matter therein contained and the same is true to the best of my knowledge.

Claimant signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
Notary Public in and for the State of Washington

Residing at \_\_\_\_\_

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